FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:15

DOCUMENT # P38894 (2)

1. Corporation Name
PIPING COMPANIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 190 SAND SPRINGS OK 74063	P.O. BOX 190 SAND SPRINGS OK 74063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 73-0619852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.,
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, CRAIG	1.2 NAME	
STREET ADDRESS	RT 1, BOX 96-O	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEPEW OK	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HALLFORD, TOM	2.2 NAME	
STREET ADDRESS	4115 WHISPERING CREEK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAND SPRINGS OK	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	SCHMITT, GARY	3.2 NAME	Schmitt, Gary
STREET ADDRESS	11359 E MAPLEWOOD AVE	3.3 STREET ADDRESS	11359 E. Maplewood Avenue
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	Englewood, CO 80110
TITLE	S	4.1 TITLE	Assistant Secretary ☒ Change ☐ Addition
NAME	LITWACK, STEPHEN	4.2 NAME	Litwack, Stephen
STREET ADDRESS	2911 EAST 39TH	4.3 STREET ADDRESS	2911 East 39th
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	Tulsa, OK 74105
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLISON, MARK	5.2 NAME	
STREET ADDRESS	6237 S YORKTOWN PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, CHARLES	6.2 NAME	
STREET ADDRESS	1015 KEMBERTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Craig Bowman President 01-26-95 918-245-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0400030 FN