

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38894

1. Entity Name

PIPING COMPANIES, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90021 027 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 190  
SAND SPRINGS OK 74063

P.O. BOX 190  
SAND SPRINGS OK 74063-0190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0619852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V  
NAME HALLFORD, TOM  
STREET ADDRESS 4115 WHISPERING CREEK DR  
CITY-ST-ZIP SAND SPRINGS OK ☒ Delete

TITLE PRESIDENT  
NAME ALEC THOMAS  
STREET ADDRESS 5151 SAN FELIPE, SUITE 1600  
CITY-ST-ZIP HOUSTON, TX 77056 ☐ Change ☒ Addition

TITLE CM  
NAME DAER, H E  
STREET ADDRESS 6655 E 38 PL  
CITY-ST-ZIP TULSA OK 74133 ☒ Delete

TITLE VICE PRESIDENT  
NAME TOM PETERSON  
STREET ADDRESS 1160 VICKERY LANE  
CITY-ST-ZIP CORDOVA, TN 38018 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY  
NAME COLIN SOULE  
STREET ADDRESS 100 KING STREET WEST  
CITY-ST-ZIP HAMILTON, ONTARIO L8N 4J6 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE TREASURER  
NAME MICHAEL W. RAMIREZ  
STREET ADDRESS 5151 SAN FELIPE, STE. 1600  
CITY-ST-ZIP HOUSTON, TX 77056 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ASST. SECRETARY  
NAME ANNA VENTRESKA  
STREET ADDRESS 100 KING STREET W.  
CITY-ST-ZIP HAMILTON, ON. L8N 4J6 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 10, 2000 905-521-1600