

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000068034 (5)**

1. Corporation Name  
**AMSC, INC. ✓**

Principal Place of Business: **6100 S. YALE, SUITE 1900 TULSA OK 74136**

Mailing Address: **6100 S. YALE, SUITE 1900 TULSA OK 74136**

3. Date Incorporated or Qualified: **09/15/1994**

3a. Date of Last Report

4. FEI Number: **73-1469205**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$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 (1)?  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

85 Zip Code **FL**

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: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CHAIRMAN &amp; CEO - DIRECTOR</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILIP O. KURTZ</b>	2. NAME	
STREET ADDRESS	<b>6100 S. YALE, SUITE 1900</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>TULSA, OKLA. 74136</b>	4. CITY, ST, ZIP	
TITLE	<b>PRESIDENT - DIRECTOR</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES L. HEREMA</b>	22. NAME	
STREET ADDRESS	<b>6100 S. YALE, SUITE 1900</b>	23. STREET ADDRESS	
CITY, ST, ZIP	<b>TULSA, OKLA. 74136</b>	24. CITY, ST, ZIP	
TITLE	<b>VICE PRESIDENT - DIRECTOR</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD A. EVANS</b>	32. NAME	
STREET ADDRESS	<b>6100 S. YALE, SUITE 1900</b>	33. STREET ADDRESS	
CITY, ST, ZIP	<b>TULSA, OKLA. 74136</b>	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 110.07(3)(b), 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: *[Signature]* DATE: **4/30/95** **918-481-4271**

**Kelce J. Watts, Secy**