

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                            |                                                                                          |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|---------------------------|--|--|--|--|--|
| No. <b>C 35675</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Annual Report Form 1998</b><br><i>Due No Later Than November 30,</i>                                                |                                                                                                                                                                                            | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                     |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. Mailing Address - Please Correct, If Not Correct                                                                    |                                                                                                                                                                                            | <b>UNITED STATES CORPORATION</b><br><b>200 N 23RD ST</b><br><br><b>BOISE ID ID 83702</b> |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PHILLIPS COMMUNICATIONS, INC</b><br><b>D. L. CONE</b><br><b>1250 ADAMS BLDG</b><br><br><b>BARTLESVILLE OK 74004</b> |                                                                                                                                                                                            |                                                                                          |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)<br><br><table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center; padding-top: 20px;">Please See Attached List,</td> </tr> </table> |                                                                                                                        |                                                                                                                                                                                            |                                                                                          |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | Please See Attached List, |  |  |  |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Name</u>                                                                                                            | <u>Street or P.O. Address</u>                                                                                                                                                              | <u>City</u>                                                                              | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |                           |  |  |  |  |  |
| Please See Attached List,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                                                                                                                                            |                                                                                          |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |
| 5. Signature of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | 6.<br>Signature  Date <u>8-25-98</u><br>Name (Typed or Printed) <u>D. L. Cone</u> Title <u>Secretary</u> |                                                                                          |              |                    |             |                               |             |              |            |                           |  |  |  |  |  |

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

4235

# **PHILLIPS COMMUNICATIONS, INC.**

## **Directors:**

T. B. Donnell

## **Business Address:**

690 Information Center  
Bartlesville, OK 74004

## **Residential Address:**

3820 Nebraska  
Bartlesville, OK 74006

R. W. Lummis

627 Information Center  
Bartlesville, OK 74004

312 S.E. Brookline Place  
Bartlesville, OK 74006

G. M. Reheis

415-A Information Center  
Bartlesville, OK 74004

6230 Quail Ridge Road  
Bartlesville, OK 74006

R. S. Williams

615-B Information Center  
Bartlesville, OK 74004

624 SE Oakridge Dr.  
Bartlesville, OK 74006

## **Officers:**

## **Business Address**

## **Residential Address**

G. M. Reheis

President

415-A Information Center  
Bartlesville, OK 74004

6230 Quail Ridge Road  
Bartlesville, OK 74006

T. B. Donnell

Vice President

690 Information Center  
Bartlesville, OK 74006

Route 5, Box 160  
Bartlesville, OK 74003

R. W. Lummis

Vice President

627 Information Center  
Bartlesville, OK 74004

312 S.E. Brookline Place  
Bartlesville, OK 74006

R. S. Williams

Vice President

615-B Information Center  
Bartlesville, OK 74004

624 SE Oakridge Dr.  
Bartlesville, OK 74006

John A. Carrig

Treasurer

3 A4 Phillips Building  
Bartlesville, OK 74004

2100 Deerfield Circle  
Bartlesville, OK 74006

D. L. Cone

Secretary

1250 Adams Building  
Bartlesville, OK 74004

2701 Kensington Way  
Bartlesville, OK 74006

J. W. O'Toole

General Tax  
Officer

700A Plaza Office Bldg.  
Bartlesville, OK 74004

1460 Apple Alley  
Bartlesville, OK 74003

R. B. Gisi

Assist. Treasurer

4 A4 Phillips Building  
Bartlesville, OK 74004

630 Brookhollow Lane  
Bartlesville, OK 74006

J. W. Sheets

Assist. Treasurer

3 A3 Phillips Building  
Bartlesville, OK 74004

Fifth & Keeler  
Bartlesville, OK 74004

Dale J. Billam

Assist. Secretary

1234 Adams Building  
Bartlesville, OK 74004

1500 SE Oakdale Drive  
Bartlesville, OK 74006

B. J. Clayton

Assistant General  
Tax Officer

710G Plaza Office Bldg.  
Bartlesville, OK 74004

2808 Montrose  
Bartlesville, OK 74006

M. G. Whatley

Assistant General  
Tax Officer

790A Plaza Office Bldg.  
Bartlesville, OK 74004

4716 SE Harned Pl.  
Bartlesville, OK 74006

Revised: January 1, 1998