

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90185 044 \*\*\*150.00

**DOCUMENT # F04000004434**

1. Entity Name  
**KIOSK OPERATIONS, INC.**



Principal Place of Business  
**CORPORATION SERVICE COMPANY  
2711 CENTERVILLE RD., STE 400  
WILMINGTON, DE 19808**

Mailing Address  
**CORPORATION SERVICE COMPANY  
2711 CENTERVILLE RD., STE 400  
WILMINGTON, DE 19808**

**50036207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1321421

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME EDMONDSON, DAVID J  
STREET ADDRESS 100 THROCKMORTON STREET, SUITE 1800  
CITY-ST-ZIP FORT WORTH, TX 76120

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME EDMONDSON, DAVID J  
STREET ADDRESS 300 Radioshack Circle CF3  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE V ☐ Delete  
NAME ZEINFELD, ANDREW  
STREET ADDRESS 300 WEST 3RD STREET, SUITE 900  
CITY-ST-ZIP FORT WORTH, TX 76120

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME ZEINFELD, ANDREW  
STREET ADDRESS 300 Radioshack Circle CF7  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE SVC ☐ Delete  
NAME HILL, MARK C  
STREET ADDRESS 100 THROCKMORTON STREET, SUITE 1800  
CITY-ST-ZIP FORT WORTH, TX 76120

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS 300 Radioshack Circle CF3  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE T ☒ Delete  
NAME JOHNSON, DAVID P  
STREET ADDRESS 100 THROCKMORTON STREET, SUITE 1800  
CITY-ST-ZIP FORT WORTH, TX 76120

TITLE TREASURER ☒ Change ☐ Addition  
NAME MOAD, MARTIN O  
STREET ADDRESS 300 Radioshack Circle CF3  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME JOHNSON, DAVID P  
STREET ADDRESS 300 Radioshack Circle CF3  
CITY-ST-ZIP FORT WORTH, TX 76102

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

MARTIN O. MOAD

Date

4-8-05

817-415-3116

Daytime Phone #