

CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90035 046 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT

2000

DOCUMENT # **P09693**

Express Holdings, Inc II

F98000005960



Place of Business: N.W. EXPRESSWAY, SUITE #200, CHUCK RANHILL, CITY OK 73132
 Mailing Address: 6300 N.W. EXPRESSWAY, SUITE #200, ATTN: CHUCK RANHILL, OKLAHOMA CITY OK 73132

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: [Blank]
 2a. Mailing Address: [Blank]
 26. Suite, Apt. #, etc.: [Blank]
 27. City & State: [Blank]
 28. City & State: [Blank]
 29. Zip: [Blank]
 30. Country: [Blank]

3. Date Incorporated or Qualified: **04/09/1986**
 4. FEI Number: **84-0909680**
 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 owes the current year Intangible Personal Property: Yes No

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: [Blank]
 82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
 83. [Blank]
 84. City: [Blank] FL 85. Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

OFFICERS AND DIRECTORS		13.
<input type="checkbox"/> DELETE	CCEO FUNK, ROBERT A. 6300 NW EXPRESSWAY OKLAHOMA CITY OK 73132	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	VCD STOLLER, WILLIAM 7401 SW WASHO CT TUALATIN OR 97062	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	VPDS RICHARDS, THOMAS N. 6300 NW EXPRESSWAY OKLAHOMA CITY OK 73132	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	V HANEBOG, LINDA 6300 N W EXPRESSWAY OKLAHOMA CITY OK 73132	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	V LANE, CAROL 6300 N W EXPRESSWAY OKLAHOMA CITY OK 73132	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	V GUNDERSON, THOMAS 6300 N W EXPRESSWAY OKLAHOMA CITY OK 73132	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]
<input type="checkbox"/> Change <input type="checkbox"/> Addition	[Blank]

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 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.

CR2E034 (5/99)