

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90094 009 ***550.00

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1. Entity Name
EXPRESS HOLDINGS, INC. IV



Principal Place of Business
**8516 NW EXPRESSWAY
OKLAHOMA CITY, OK 73132**

Mailing Address
**8516 NW EXPRESSWAY
OKLAHOMA CITY, OK 73132**



06022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1549208

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRIC, SHARON 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT RICHARDS, THOMAS 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FUNK, ROBERT A 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STOLLER, WILLIAM H 621 S.W. MORRISON, SUITE 500 PORTLAND, OR 97205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUNK, ROBERT 8516 NW EXPRESS WAY OKLAHOMA CITY, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon A. Patric
6-3-05 4058405000