


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000005960

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**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1549208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73162
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	

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 06/03/08-80055-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sharon K Patric SHARON K PATRIC 43008 405-840-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #