

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 20 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P09693 (3)
1. Corporation Name
EXPRESS SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/09/1986	06/16/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		84-0909680	Not Applicable
24 zip	25 Country	29 zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. 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: *[Signature]* (NO CHANGE) DATE: 4-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, ROBERT A.	1.2 NAME	
STREET ADDRESS	6300 NW EXPRESSWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLER, WILLIAM	2.2 NAME	
STREET ADDRESS	621 S.W. MORRISON	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORTLAND OR	2.4 CITY - ST - ZIP	
TITLE	TS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, THOMAS N.	3.2 NAME	
STREET ADDRESS	6300 NW EXPRESSWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEBOG, LINDA	4.2 NAME	
STREET ADDRESS	6300 N W EXPRESSWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, CAROL	5.2 NAME	
STREET ADDRESS	6300 N W EXPRESSWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDERSON, THOMAS	6.2 NAME	
STREET ADDRESS	6300 N W EXPRESSWAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 by an amendment with an address.

SIGNATURE: *[Signature]* DATE: 4-10-95 DAYTON: 705840500