

**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 Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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

Signature: Print or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)

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

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR