

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09693 (3)

1. Corporation Name
EXPRESS SERVICES, INC.



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

3. Date Incorporated or Qualified: 04/09/1986
3a. Date of Last Report: 04/20/1995
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FUNK, ROBERT A.	1.1 TITLE: Founder, Chairman, Chief Executive Officer, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6300 NW EXPRESSWAY	CITY-ST-ZIP: OKLAHOMA CITY OK	1.2 NAME: Robert Funk	
		1.3 STREET ADDRESS: 6300 NW Expressway	
		1.4 CITY-ST-ZIP: Oklahoma City, OK 73132	
TITLE: VD	NAME: STOLLER, WILLIAM	2.1 TITLE: Co-Founder, Vice Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 621 S.W. MORRISON	CITY-ST-ZIP: PORTLAND OR	2.2 NAME: William Stoller	
		2.3 STREET ADDRESS: 621 SW Morrison	
		2.4 CITY-ST-ZIP: Portland, OR 97205	
TITLE: TS	NAME: RICHARDS, THOMAS N.	3.1 TITLE: Executive Vice President, Director, Chief Financial Officer, Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6300 NW EXPRESSWAY	CITY-ST-ZIP: OKLAHOMA CITY OK	3.2 NAME: Thomas Richards	
		3.3 STREET ADDRESS: 6300 NW Expressway	
		3.4 CITY-ST-ZIP: Oklahoma City, OK 73132	
TITLE: V	NAME: HANEBOG, LINDA	4.1 TITLE: (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6300 N W EXPRESSWAY	CITY-ST-ZIP: OKLAHOMA CITY OK	4.2 NAME: (Blank)	
		4.3 STREET ADDRESS: (Blank)	
		4.4 CITY-ST-ZIP: (Blank)	
TITLE: V	NAME: LANE, CAROL	5.1 TITLE: (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6300 N W EXPRESSWAY	CITY-ST-ZIP: OKLAHOMA CITY OK	5.2 NAME: (Blank)	
		5.3 STREET ADDRESS: (Blank)	
		5.4 CITY-ST-ZIP: (Blank)	
TITLE: V	NAME: GUNDERSON, THOMAS	6.1 TITLE: (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6300 N W EXPRESSWAY	CITY-ST-ZIP: OKLAHOMA CITY OK	6.2 NAME: (Blank)	
		6.3 STREET ADDRESS: (Blank)	
		6.4 CITY-ST-ZIP: (Blank)	

See attached listing of additional officers.

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 119.07(3)(k), 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; 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.

SIGNATURE: Jim Quillen 4/9/96 (405) 840-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)