	TON MENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Ivision of Conforations			OMPLETING THIS FORM. HLED 98 DEC 18 PH 1:07				
DOCUMENT # P09693 1. Corporation Name							SECRETATION OF STATE TALLAS, COSCE, FLORIDA		
EXPRE	ESS SEF	RVICES, INC.					1	 0000272:1 -12/23/38	0157
Principal F 6300 N.W. ATTN: JIM OKLAHOM	'. SUITE #200	XPRESSWAY, SUITE #200 WILLEN CITY OK 73132			****758.00 ****758.00				
If above addresses are incorrect in any way, line through incorrect information and enter cor New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite Apt # etc.								porated or Qualified ness in Florida	4/09/1986
Suite, Apt. #, etc. ATTN: CHUCK RAHILL Suite, Apt. #, ATTN: City & State City & State							5. FEI Numbe		Applied For Not Applicable
Zip	ip Country Zip			Country			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status		
7. Names Title(s)	mes and Street Addresses of Each Officer and/or Director (Flors) Name of Officers and/or Directors 2				rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
CCEO	FUNK, ROBERT A.			6300 NW EXPRESSWAY			· · · · · · · · · · · · · · · · · · ·	OKLAHOMA CITY OK	73132
VCD	STOLLER, WILLIAM			621 S.W. MORRISON 7401 SW Washo CT.			r.	PORTLAND OR TURLETIN, OR	97062
VPDS	RICHARDS	6300 NW EXPRESSWAY			,	OKLAHOMA CITY OK	73132		
٧	HANEBORG, LINDA			6300 N W EXPRESSWAY				OKLAHOMA CITY OK	73137
٧	LANE, CAROL			6300 N W EXPRESSWAY				OKLAHOMA CITY OK	73132
٧	GUNDERS	6300 N W EXPRESSWAY				OKLAHOMA CITY OK	73132		
1200	8. Nam DRPORATION S. PINE ISLA FATION FL 3	AND ROAD	Registered Age	inst/		Name Suite, Apt. #, Etc.	- 98	is Not Acceptable) State	18-98
Signature o	of Agent	e rehistered agent of the late	GISTERED AG	ENT MUST SIG	SPE	VICKY GOLL CIAL ASSISTAN	oligations of Sect OSTEIN FSEGRETARY	ion 607.0505, F.S.	198
		ration owes or ha Personal Propert				Yes X	No 🛄		le for information igible tax.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

THOMAS N. RICHARDS 11/16/98 (405) 840-5000
R DIRECTOR Date Daytime Phone #