


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 044 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09693 ✓
 1. Corporation Name
EXPRESS SERVICES, INC.

Principal Place of Business 6300 N.W. EXPRESSWAY, SUITE #200 ATTN: CHUCK RANHILL OKLAHOMA CITY OK 73132	Mailing Address 6300 N.W. EXPRESSWAY, SUITE #200 ATTN: CHUCK RANHILL OKLAHOMA CITY OK 73132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1986	
21	22	26	27	4. FEI Number 84-0909680	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input 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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	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 73132	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLER, WILLIAM	2.2 NAME	
STREET ADDRESS	7401 SW WASHO CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUALATIN OR 97062	2.4 CITY-ST-ZIP	
TITLE	VPDS <input type="checkbox"/> DELETE	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 73132	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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 73132	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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 73132	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	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 73132	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: Rick D. Simpson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # (405) 840-5090

CR2E034 (5/99)

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EXPRESS SERVICES, INC.
EIN 84-0909680
For the Tax Year Ended December 27, 1998

Listing of Officers, Directors, and Shareholders:

<u>Name</u>	<u>Social Security Number</u>	<u>Percentage of Stock Owned</u>	<u>Position</u>
Robert A. Funk *		49.64272%	Founder, Chairman, Chief Executive Officer
William H. Stoller*		49.64272%	Co-Founder, Vice-Chairman
Ralph Palmen		0.71456%	Shareholder
David Gillogly *			President, Chief Operating Officer
Thomas Richards *			Executive Vice-President, Chief Financial Officer, Secretary, Treasurer
Linda Haneborg			Vice-President
Carol Lane			Vice-President
Thomas Gunderson			Vice-President
David Baird			Vice-President
Art Atkinson			Vice-President
Rick Simpson			Vice-President
Larry Ferree			Vice-President
Jim Elliott			Vice-President
Cyndi Framme			Vice-President
Bea Battistoni			Vice-President
Terri Weldon			Vice-President

Address for Stoller:
7401 SW Washo Ct #200
Tualatin, Oregon 97062

Address for Palmen:
9833 Crystal Lake Drive
Woodinville, Washington 98072

Address for all others:
6300 Northwest Expressway
Oklahoma City, Oklahoma 73132

* Denotes Directors