

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91575 025 ***150.00

DOCUMENT # P09693

1. Entity Name
EXPRESS SERVICES, INC.

A0069622



DO NOT WRITE IN THIS SPACE

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
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 84-0909680	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> Delete
NAME	FUNK, ROBERT A.	
STREET ADDRESS	6300 NW EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	STOLLER, WILLIAM	
STREET ADDRESS	7401 SW WASHO CT	
CITY-ST-ZIP	TUALATIN OR 97062	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	RICHARDS, THOMAS N.	
STREET ADDRESS	6300 NW EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANEBOG, LINDA	
STREET ADDRESS	6300 N W EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANE, CAROL	
STREET ADDRESS	6300 N W EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUNDERSON, THOMAS	
STREET ADDRESS	6300 N W EXPRESSWAY	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Patricia* **Sharon Patricia** **4-19-01** **905-840-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)