

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09693

FILED  
Sep 07, 2006  
Secretary of State

Entity Name: EXPRESS SERVICES, INC.

**Current Principal Place of Business:**

8516 NW EXPRESSWAY  
OKLAHOMA CITY, OK 73162

**New Principal Place of Business:**

**Current Mailing Address:**

8516 NW EXPRESSWAY  
OKLAHOMA CITY, OK 73162

**New Mailing Address:**

FEI Number: 84-0909680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CCEO ( ) Delete  
Name: FUNK, ROBERT A.,  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: VCD ( ) Delete  
Name: STOLLER, WILLIAM,  
Address: 7401 SW WASHO CT  
City-St-Zip: TUALATIN, OR 97062

Title: VPDS ( ) Delete  
Name: RICHARDS, THOMAS N.,  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: V ( ) Delete  
Name: HANEBOG, LINDA  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: V ( ) Delete  
Name: LANE, CAROL  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: V ( ) Delete  
Name: GUNDERSON, THOMAS  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: STOLLER, WILLIAM,  
Address: 8516 NW EXPRESSWAY  
City-St-Zip: OKLAHOMA CITY, OK 73162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON K PATRIC

VP

09/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date