

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09693

FILED
Apr 13, 2009
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DIR () Delete
Name: FELLINGER, BOB DIR
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: () 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:

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

I hereby certify that the information supplied with this filing does not qualify 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 PATRIC

VP

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date