


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90031 010 \*\*\*150.00

**DOCUMENT # 821393**  
 1. Entity Name  
**RADIOSHACK CORPORATION**



Principal Place of Business  
**100 THROCKMORTON ST  
 FORT WORTH, TX 76102-2819 US**

Mailing Address  
**P.O BOX 1643  
 FORT WORTH, TX 76101-1643 US**

**44031740**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address **Mail Stop 5023  
 PO Box 961090**  
 Suite, Apt. #, etc.



04022004 Chg-P CR2E034 (10/03)

City & State  
**Fort Worth, TX**

4. FEI Number  
**75-1047710**

Applied For  
 Not Applicable

City & State  
**Fort Worth, TX**

Zip  
**76161**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME HILL, MARK C. STREET ADDRESS 100 THROCKMORTON ST, SUITE 1900 CITY-ST-ZIP FORT WORTH, TX 76102	<input type="checkbox"/> Delete	TITLE CD NAME KORNFIELD, LEWIS F JR STREET ADDRESS 100 THROCKMORTON ST, SUITE 1800 CITY-ST-ZIP FORT WORTH, TX 76102	<input checked="" type="checkbox"/> Delete
TITLE PD NAME ROBERTS, LEONARD H STREET ADDRESS 100 THROCKMORTON ST, SUITE 1900 CITY-ST-ZIP FORT WORTH, TX 76102	<input type="checkbox"/> Delete	TITLE D NAME ROBERTS, LEONARD H STREET ADDRESS 100 Throckmorton St Ste 1900 Fort Worth, TX 76102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME MOAD, MARTIN O STREET ADDRESS 100 THROCKMORTON ST STE 1800 CITY-ST-ZIP FORT WORTH, TX 76102	<input type="checkbox"/> Delete	TITLE P NAME Edmondson David J STREET ADDRESS 100 Throckmorton St Ste 1900 Fort Worth, TX 76102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Martin O. Moad** **4-8-04** **817-415-3116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #