

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 15 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0020155 AB

DOCUMENT # B98000000623

1. Entity Name

EXPRESS SERVICES EMPLOYMENT, L.P.

Principal Place of Business

6300 NW EXPRESSWAY  
OKLAHOMA CITY OK 73132

Mailing Address

6300 NW EXPRESSWAY  
OKLAHOMA CITY OK 73132



2. Principal Place of Business

8516 NW EXPRESSWAY  
Suite, Apt. #, etc.

3. Mailing Address

8516 NW EXPRESSWAY  
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

OKLAHOMA CITY, OK 73162

City & State

OKLAHOMA CITY, OK

4. FEI Number

73-1549209

Applied For

Not Applicable

Zip

Country

73162

Zip

Country

73162

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F98000005960  
NAME EXPRESS HOLDINGS, INC. IV  
STREET ADDRESS 6300 NW EXPRESSWAY  
CITY-ST-ZIP OKLAHOMA CITY OK 73132

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SHARON K. PATRICK 4-8-02 405-840-5000

Date

Daytime Phone #