

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -4 PM 5:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B98000000623

1. Entity Name
 EXPRESS SERVICES EMPLOYMENT, L.P.



Principal Place of Business
 8516 NW EXPRESSWAY
 OKLAHOMA CITY, OK 73162

Mailing Address
 8516 NW EXPRESSWAY
 OKLAHOMA CITY, OK 73162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 73-1549209

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

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.

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 6000 NW EXPRESSWAY 8516 NW Expressway
 CITY-ST-ZIP OKLAHOMA CITY, OK 73162 OKC, OK 73162

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 200036552952
 05/18/04--01055--018 **141.25

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STREET ADDRESS
 CITY-ST-ZIP

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: *Sharon K. Patric* SHARON K PATRIC 12704 405-340-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE