

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN -8 AM 10:10

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 8516 NW Expressway Suite, Apt. #, etc.		3. Mailing Address 8516 NW Expressway Suite, Apt. #, etc.			
City & State Oklahoma City, OK Zip 73162 Country		City & State Oklahoma City, OK Zip 73162 Country		4. FEI Number 73-1549209	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F98000005960		STREET ADDRESS		
NAME	EXPRESS HOLDINGS, INC. IV		CITY-ST-ZIP		
STREET ADDRESS	8516 NW EXPRESSWAY				
CITY-ST-ZIP	OKLAHOMA CITY, OK 73162				
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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:

b-3-05 405-8405000

Date Daytime Phone #