

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 02 1997 8:00am  
Secretary of State

DOCUMENT # F96000000901 (6)

1. Corporation Name

RFS MARKETING SERVICES, INC.

Principal Place of Business

P.O. BOX 26647  
OKLAHOMA CITY OK 73126-0647

Mailing Address

P.O. BOX 26647  
OKLAHOMA CITY OK 73126-0647



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/22/1996			
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		73-1489627		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>			
24		29		6. Election Campaign Financing		5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINN, HARRY L JR			1.2 NAME			
STREET ADDRESS	6301 WATERFORD BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, ROBERT A			2.2 NAME			
STREET ADDRESS	6301 WATERFORD BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BREWER, FRANCIS J			3.2 NAME	Lawson, William M, Jr.		
STREET ADDRESS	6301 WATERFORD BLVD.			3.3 STREET ADDRESS	6301 Waterford Blvd.		
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			3.4 CITY-ST-ZIP	OKlahoma City OK 73118		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TWOMEY, KEVIN J			4.2 NAME			
STREET ADDRESS	6301 WATERFORD BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, ROBERT W			5.2 NAME			
STREET ADDRESS	6301 WATERFORD BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			5.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALMOND, DAVID R			6.2 NAME			
STREET ADDRESS	6301 WATERFORD BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73118			6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

CR2E034 (9/96)