


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90019 011 \*\*\*150.00

<b>DOCUMENT # F96000000901</b> 1. Entity Name <b>RFS MARKETING SERVICES, INC.</b>			
Principal Place of Business <b>3524 NW 56TH OKLAHOMA CITY, OK 73112</b>		Mailing Address <b>PO BOX 26647 OKLAHOMA CITY, OK 73126-0347</b>	
2. Principal Place of Business <b>5701 N. Shartel</b>		3. Mailing Address <b>5701 N. Shartel</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Oklahoma City OK</b>		City & State <b>Oklahoma City, OK</b>	
Zip <b>73118</b>		Zip <b>73118</b>	
Country 		Country 	
4. FEI Number <b>73-1489627</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDER, NEAL J 1945 LAKE POINTE DR LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attached</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HERNANDEZ, CARLOS M 1945 LAKE POINTE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SHAPIRO, MARK D 1945 LAKEPOINTE DR LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, CHARLES L 1945 LAKE POINTE DRIVE LEWISVILLE, TX 75057 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHESSON, KIRSTEN E 1945 LAKEPOINTE DR LEWISVILLE, TX 75057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHELDON, NATHAN 3524 NW 56TH OKLAHOMA CITY, OK 73112 <input checked="" 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: <u>Mike Beckwith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<b>Mike Beckwith, Assistant Treasurer</b>			

Attachment

#F96000000001

54005569

EIN# 73 1489627

**RFS MARKETING SERVICES, INC.**

List of Officers and Directors

**OFFICER:**

**ADDRESS:**

Michael K. Scott  
President

1945 Lakepointe Drive  
Lewisville, Tx 75057

Carlos M. Hernandez  
VP, Secretary

1945 Lakepointe Drive  
Lewisville, Tx 75057

Rebecca A. Roof  
V.P., Treasurer, Assistant Sec.

1945 Lakepointe Drive  
Lewisville, Tx 75057

Michael Beckwith  
Assistant Treasurer

5701 N. Shartel  
Oklahoma City, Ok 73118

Kirsten E. Richesson  
Assistant Secretary

1945 Lakepointe Drive  
Lewisville, Tx 75057

**DIRECTORS:**

Archie R. Dykes

1945 Lakepointe Drive  
Lewisville, Tx 75057

Carlos M. Hernandez

1945 Lakepointe Drive  
Lewisville, Tx 75057