

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 048 ***150.00

DOCUMENT # F96000000901

1. Entity Name
RFS MARKETING SERVICES, INC.



Principal Place of Business
**6525 N MERIDIAN AV
OKLAHOMA CITY, OK 73116**

Mailing Address
**6525 N MERIDIAN AV
OKLAHOMA CITY, OK 73116**

90127802



2. Principal Place of Business
3524 NW 56th
Suite, Apt. #, etc.

3. Mailing Address
PO Box 26647
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OKlahoma City, OKlahoma
Zip
73112
Country
USA

City & State
OKlahoma City, OKlahoma
Zip
73126-0647
Country
USA

4. FEI Number
73-1489627

Applied For
☐ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE'S \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDER, NEAL J 1945 LAKE POINTE DR LEWISVILLE, TX 76057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HERNANDEZ, CARLOS M 1945 LAKE POINTE DR LEWISVILLE, TX 76057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SHAPIRO, MARK D 1945 LAKEPOINTE DR LEWISVILLE, TX 76057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEE, WILLIAM C 6701 SHARTEL OKLAHOMA CITY, OK 73118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICHESSON, KIRSTEN E 1945 LAKEPOINTE DR LEWISVILLE, TX 76057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NEUMEISTER, MARK O 6301 WATERFORD BLVD. OKLAHOMA CITY, OK 73118	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Holl, Charles L 1945 Lakepointe Drive Lewisville, TX 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Sheldon, Nathan 3524 NW 56th OKlahoma City, OK 73112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Sheldon, Assistant Treasurer

4-26-03

Date

Daytime Phone #

CR2E034 (10/02)