


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90461 006 ***150.00

DOCUMENT # F98000005960 1. Entity Name EXPRESS HOLDINGS, INC. IV	
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Principal Place of Business 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	Mailing Address 8516 NW EXPRESSWAY OKLAHOMA CITY, OK 73132
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24073900



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 73-1549208	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	VP PATRIC, SHARON 6300 N.W. EXPRESSWAY 8516 NW Expressway OKLAHOMA CITY, OK 73132 OKC, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT RICHARDS, THOMAS 6300 N.W. EXPRESSWAY 8516 NW Expressway OKLAHOMA CITY, OK 73132 OKC, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FUNK, ROBERT A 6300 N.W. EXPRESSWAY 8516 NW Expressway OKLAHOMA CITY, OK 73132 OKC, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STOLLER, WILLIAM H 621 S.W. MORRISON, SUITE 500 PORTLAND, OR 97205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUNK, ROBERT 8516 NW EXPRESS WAY OKLAHOMA CITY, OK 73162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sharon K Patric SHARON K PATRIC 4-27-04 405-840-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #