


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90185 043 ***150.00

DOCUMENT # 821393 1. Entity Name RADIOSHACK CORPORATION	
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Principal Place of Business 100 THROCKMORTON ST FORT WORTH, TX 76102-2819 US	Mailing Address P.O. BOX 961090 FORT WORTH, TX 76161 US
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50036208



2. Principal Place of Business 300 Radioshack Circle Suite, Apt. #, etc. CF3	3. Mailing Address P.O. Box 961090 MAIL STOP 5022
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04052005 Chg-P CR2E034 (10/03)

City & State FORT WORTH TX	City & State Ft Worth TX	4. FEI Number 75-1047710	Applied For <input type="checkbox"/> Not Applicable
Zip 76102	Country USA	Zip 76161	Country USA

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS <input type="checkbox"/> Delete	NAME HILL, MARK C.	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 300 Radioshack Circle CF3
STREET ADDRESS 100 THROCKMORTON ST, SUITE 1900	CITY-ST-ZIP FORT WORTH, TX 76102	STREET ADDRESS 300 Radioshack Circle CF3	CITY-ST-ZIP FORT WORTH TX 76102
TITLE CD <input type="checkbox"/> Delete	NAME FALCONE, ROBERT S	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 1676 INTERNATIONAL DR.	CITY-ST-ZIP MC LEAN, VA 22102	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME ROBERTS, LEONARD H	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 300 Radioshack Circle CF3
STREET ADDRESS 100 THROCKMORTON ST, SUITE 1900	CITY-ST-ZIP FORT WORTH, TX 76102	STREET ADDRESS 300 Radioshack Circle CF3	CITY-ST-ZIP FORT WORTH TX 76102
TITLE VT <input type="checkbox"/> Delete	NAME MOAD, MARTIN O	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 300 Radioshack Circle CF3
STREET ADDRESS 100 THROCKMORTON ST STE 1800	CITY-ST-ZIP FORT WORTH, TX 76102	STREET ADDRESS 300 Radioshack Circle CF3	CITY-ST-ZIP FORT WORTH TX 76102
TITLE P <input type="checkbox"/> Delete	NAME EDMONDSON, DAVID J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 300 Radioshack Circle CF3
STREET ADDRESS 100 THROCKMORTON ST., STE. 1900	CITY-ST-ZIP FORT WORTH, TX 76102	STREET ADDRESS 300 Radioshack Circle CF3	CITY-ST-ZIP FORT WORTH TX 76102
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **MARTIN O MOAD** 4-8-05 817-415-3116
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #