

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821393** (6)

1. Corporation Name
TANDY CORPORATION



Principal Place of Business: **1800 ONE TANDY CENTER FORT WORTH TX 76102-2819**
Mailing Address: **1800 ONE TANDY CENTER FORT WORTH TX 76102-2819**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **04/30/1968**
3a. Date of Last Report: **05/01/1995**
4. FUTA Number: **75-1047710**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

**LUCENA, MOE
3201 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**

11. Pursuant to the provisions of Sections 607.002 and 607.1503, Florida Statutes, the above named corporation swears 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.004, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	SR V	<input type="checkbox"/> DELETE
NAME	HUGHES, DWAIN	
STREET ADDRESS	1800 ONE TANDY CENTER	
CITY-STATE-ZIP	FT. WORTH TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WINN, H.C.	
STREET ADDRESS	732 N. WN TARRANT AVE.	
CITY-STATE-ZIP	BURLESON TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROACH, JOHN V.	
STREET ADDRESS	3812 ARBORLAWN DR.	
CITY-STATE-ZIP	FT. WORTH TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1900 One Tandy Center
4. CITY-STATE-ZIP	Fort Worth, TX 76102
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	1900 One Tandy Center
8. CITY-STATE-ZIP	Fort Worth, TX 76102
9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Roberts, Leonard H.
11. STREET ADDRESS	1900 One Tandy Center
12. CITY-STATE-ZIP	Fort Worth, TX 76102
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Jensen, Loren K.
15. STREET ADDRESS	1800 One Tandy Center
16. CITY-STATE-ZIP	Fort Worth, TX 76102
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. I further certify that the information published on the annual report or supplementary annual report and financial statements 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, or authorized representative of the corporation, and that my name appears in Block 12 or Block 13 of this report or on another form with an update.

SIGNATURE: *Loren K. Jensen* Loren K. Jensen 04/09/96 817-390-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (12/95)