

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 821393 (6)**

1. Corporation Name  
**TANDY CORPORATION**



Principal Place of Business <b>ONE THROCKMORTON ST                  SUITE 1800                  FORT WORTH TX 76102-2819                  US</b>	Mailing Address <b>P.O BOX 1643                  FORT WORTH TX 76101-1643                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/30/1968**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>75-1047710</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>SR V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUGHES, DWAIN</b>	
STREET ADDRESS	<b>ONE THROCKMORTON ST., SUITE 1900</b>	
CITY-ST-ZIP	<b>FT. WORTH TX</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WNN, H.C.</b>	
STREET ADDRESS	<b>ONE THROCKMORTON ST., SUITE 1900</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE	<b>OD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROACH, JOHN V</b>	
STREET ADDRESS	<b>ONE THROCKMORTON ST., SUITE 1900</b>	
CITY-ST-ZIP	<b>FT. WORTH TX</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTS, LEONARD H</b>	
STREET ADDRESS	<b>ONE THROCKMORTON ST., SUITE 1900</b>	
CITY-ST-ZIP	<b>FT. WORTH TX</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>JENSEN, LOREN K</b>	
STREET ADDRESS	<b>ONE THROCKMORTON ST., SUITE 1800</b>	
CITY-ST-ZIP	<b>FORT WORTH TX</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VS</b>
2.3 STREET ADDRESS	<b>HILL, MARK C.</b>
2.4 CITY-ST-ZIP	<b>100 THROCKMORTON ST., SUITE 1900 FORT WORTH, TX 76102</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD</b>
4.3 STREET ADDRESS	<b>ROBERTS, LEONARD H.</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Loren K. Jensen* **Loren K. Jensen** **04/06/98** **(817) 415-2116**

CR2E034 (10/97)