

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90141 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821393

1. Corporation Name
TANDY CORPORATION

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

2. Principal Place of Business 21 100 Throckmorton St. Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 04/30/1968	4. FEI Number 75-1047710	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SR V <input type="checkbox"/> DELETE	NAME: HUGHES, DWAIN	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE THROCKMORTON ST., SUITE 1900	CITY-ST-ZIP: FT. WORTH TX	1.2 NAME	
		1.3 STREET ADDRESS: 100 Throckmorton St., Ste. 1900	
		1.4 CITY-ST-ZIP	
TITLE: VS <input type="checkbox"/> DELETE	NAME: HILL, MARK C.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 100 THROCKMORTON ST. SUITE 1900	CITY-ST-ZIP: FORT WORTH TX 76102	2.2 NAME	
		2.3 STREET ADDRESS: 100 Throckmorton St., Ste. 1900	
		2.4 CITY-ST-ZIP	
TITLE: CD <input type="checkbox"/> DELETE	NAME: ROACH, JOHN V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE THROCKMORTON ST., SUITE 1900	CITY-ST-ZIP: FT. WORTH TX	3.2 NAME	
		3.3 STREET ADDRESS: 100 Throckmorton St., Ste. 1800	
		3.4 CITY-ST-ZIP	
TITLE: PD <input type="checkbox"/> DELETE	NAME: ROBERTS, LEONARD H	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE THROCKMORTON ST., SUITE 1900	CITY-ST-ZIP: FT. WORTH TX	4.2 NAME	
		4.3 STREET ADDRESS: 100 Throckmorton St., Ste. 1900	
		4.4 CITY-ST-ZIP	
TITLE: VT <input type="checkbox"/> DELETE	NAME: JENSEN, LOREN K	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: ONE THROCKMORTON ST., SUITE 1800	CITY-ST-ZIP: FORT WORTH TX	5.2 NAME	
		5.3 STREET ADDRESS: 100 Throckmorton St., Ste. 1800	
		5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME	
CITY-ST-ZIP:		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, with all other like empowered.

SIGNATURE: x Loren K Jensen **REQUIRE** Loren K Jensen 4/17/99 (817)415-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)