2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 826412

Entity Name: OMS INTERNATIONAL, INC.

Current Principal Place of Business:

941 FRY ROAD
PO BOX A
GREENWOOD, IN 461421821

New Principal Place of Business:

941 FRY ROAD
GREENWOOD, IN 461421821

Current Mailing Address:

941 FRY ROAD
PO BOX A
GREENWOOD, IN 461421821

New Mailing Address:

FEI Number: 95-1891575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER,ARCHIE
419 76TH AVE
ST PETERSBURG BEACH, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LONG, DAVID C PRESIDE	
Address:	941 FRY ROAD	
City-St-Zip:	GREENWOOD, IN	
Title:	D	( ) Delete
Name:	SKINNER, ROGER	
Address:	941 FRY RD	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	V	( ) Delete
Name:	SPACHT, RANDALL	
Address:	941 FRY ROAD	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	CFO	( ) Delete
Name:	HAMILTON, TRAVIS	
Address:	941 FRY ROAD	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	S	( ) Delete
Name:	DOTY, SHEILA A.,	
Address:	941 FRY ROAD	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	BOT	( ) Delete
Name:	AUSLEY, LISA REV	
Address:	107 ARROW POINT COVE	
City-St-Zip:	VALPARAISO, FL 32580	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA A. DOTY S 04/02/2009
Electronic Signature of Signing Officer or Director — Date