

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91251 039 ***150.00

DOCUMENT # F02000000036

1. Entity Name
OPEN SYSTEMS GROUP, INC.



Principal Place of Business
2131 EAST PRIMROSE STE H
SPRINGFIELD, MO 65804

Mailing Address
PO BOX 807
MONETT, MO 65708

04000016



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1867012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOSS, DAVID
STREET ADDRESS	1021 CENTRAL EXPRESSWAY SOUTH
CITY-ST-ZIP	ALLEN, TX
TITLE	V
NAME	HENRY, MICHAEL E
STREET ADDRESS	663 W. HWY
CITY-ST-ZIP	MONETT, MO
TITLE	T
NAME	THOMPSON, KEVIN D
STREET ADDRESS	663 W. HWY
CITY-ST-ZIP	MONETT, MO
TITLE	S
NAME	GRAY, JANET
STREET ADDRESS	663 W. HWY
CITY-ST-ZIP	MONETT, MO
TITLE	VP
NAME	PRIM, JOHN F
STREET ADDRESS	4135 S. STREAM BLVD., SUITE 300
CITY-ST-ZIP	WASHINGTON, DC 20210
TITLE	VP
NAME	WORMINGTON, TONY L
STREET ADDRESS	663 W. HWY. 60, P.O. BOX 807
CITY-ST-ZIP	MONETT, MO 65708

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN D. WILLIAMS
TREASURER

4/30/04

Date

417-235-6652

Daytime Phone #