

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005755

Entity Name: OMAHA STANDARD, INC.

FILED
Feb 20, 2006
Secretary of State

Current Principal Place of Business:

2401 W. BROADWAY
COUNCIL BLUFFS, IA 51501

New Principal Place of Business:

3501 S 11TH STREET
COUNCIL BLUFFS, IA 51501

Current Mailing Address:

2401 W. BROADWAY
COUNCIL BLUFFS, IA 51501

New Mailing Address:

3501 S 11TH STREET
COUNCIL BLUFFS, IA 51501

FEI Number: 42-0449670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSER, JAMES D
Address: 1114 JACKSON ST
City-St-Zip: OMAHA, NE 68102

Title: P () Delete
Name: MOSER, THOMAS L
Address: 13426 PARKER CIRCLE
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MOSER

P

02/20/2006

Electronic Signature of Signing Officer or Director

Date