

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

FILED  
May 12 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001621 (8)

1. Corporation Name

TWA-OMNIBUS GATE COMPANY, INC.

Principal Place of Business

515 N. 6TH ST.  
ONE CITY CENTRE  
ST. LOUIS MO 63101

Mailing Address

515 N. 6TH ST.  
ONE CITY CENTRE  
ST. LOUIS MO 63101

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 11500 AMBASSADOR DRIVE

Suite, Apt. #, etc.

27 c/o TAX DEPARTMENT

City & State

28 KANSAS CITY, MO

Zip

29 64153

Country

30 US

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

43-1710889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAHN, RICHARD M	
STREET ADDRESS	515 N. 6TH ST.	
CITY-ST-ZIP	ST. LOUIS MO 63101	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LICHTY, MICHAEL J	
STREET ADDRESS	515 N. 6TH ST.	
CITY-ST-ZIP	ST. LOUIS MO 63101	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SOLED, KATHLEEN A	
STREET ADDRESS	515 N. 6TH ST.	
CITY-ST-ZIP	ST. LOUIS MO 63101	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	VANCRUM, ROBERT J	
STREET ADDRESS	515 N. 6TH ST.	
CITY-ST-ZIP	ST. LOUIS MO 63101	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DEISTER, CHRISTINE R	
STREET ADDRESS	11500 AMBASSADOR DR	
CITY-ST-ZIP	KANSAS CITY MO 64153	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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:

*Ch R Deister*

4/28/98

116-464-6628

CR2E034 (10/97)