

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90133 025 \*\*\*150.00

DOCUMENT # F97000001621

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

11500 AMBASSADOR DR  
TAX DEPT  
KANSAS CITY MO 64153  
US

DO NOT WRITE IN THIS SPACE

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

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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  
NAME KAHN, RICHARD M  
STREET ADDRESS 515 N. 6TH ST.  
CITY-ST-ZIP ST. LOUIS MO 63101  
☐ DELETE

TITLE V  
NAME LICHTY, MICHAEL J  
STREET ADDRESS 515 N. 6TH ST.  
CITY-ST-ZIP ST. LOUIS MO 63101  
☐ DELETE

TITLE S  
NAME SOLED, KATHLEEN A  
STREET ADDRESS 515 N. 6TH ST.  
CITY-ST-ZIP ST. LOUIS MO 63101  
☐ DELETE

TITLE DC  
NAME VANCUM, RBOERT J  
STREET ADDRESS 515 N. 6TH ST.  
CITY-ST-ZIP ST. LOUIS MO 63101  
☐ DELETE

TITLE T  
NAME DEISTER, CHRISTINE R  
STREET ADDRESS 11500 AMBASSADOR DR  
CITY-ST-ZIP KANSAS CITY MO 64153  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Christine R Deister*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
Date

P16-464-6628  
Daytime Phone #

CR2E034 (11/98)

0530053