FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # F9700003212 1. Entity Name OMS RETAIL SERVICES, INC. 5-04-2001 90143 023 ***150.00 Principal Place of Business Mailing Address 4747 MCLANE PKWY. 4747 MCLANE PKWY. 00047378 TEMPLE TX 76503 6115 76504 TEMPLE TX-76503-6115 76504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 74-2820511 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition PD □ Change TITLE ☐ Delete TITLE ROSIER, WILLIAM G NAME NAME STREET ADDRESS STREET ADDRESS 4747 MCLANE PKWY. CITY-ST-ZIP CITY-ST-ZIP TEMPLE TX 76504 ☐ Addition Change TITLE **XX** Delete TITLE HARGER, R D NAME NAME STREET ADDRESS STREET ADDRESS 4747 MCLANE PKWY: CITY-ST-ZIP CITY-ST-7IP TEMPLE TX 76504 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MEWHINNEY, LEN NAME NAME STREET ADDRESS STREET ADDRESS 4747 MCLANE PKWY. CITY-ST-ZIP CITY-ST-7IP TEMPLE TX 76504 ☐ Delete Change ☐ Addition TITLE TITLE MCELROY, TERRY NAME NAME STREET ADDRESS STREET ADORESS 4747 MCLANE PKWY. CITY-ST-ZIP CITY-ST-ZIP TEMPLE TX 76504 TITLE ☐ Delete TITLE Change Addition KOCH, KEVIN J NAME NAME 4747 MCLANE PKWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMPLE TX 76504 CITY-ST-ZIP ☐ Delete TITLE XX Change ☐ Addition Assistant Treasurer MANN, CAROLINE R NAME NAME STREET ADDRESS 4747 MCLANE PKWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TX 76504

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE: Kevin

SIGNATURE: Kevin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Koch/Treasurer 4/

4/19/01

(254)771-7500

Dayame Phone #