


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02; 2005 08:00 AM
Secretary of State

DOCUMENT # F97000006363 1. Entity Name OS SALES CO, INC.	
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Principal Place of Business 11030 "O" STREET OMAHA, NE 68137 US	Mailing Address 11030 "O" STREET OMAHA, NE 68137 US
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0805669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, ALAN D 11030 "O" STREET OMAHA, NE 68137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD SIMON, BRUCE A 11030 "O" STREET OMAHA, NE 68137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HERSHISER, DAVID L 11030 "O" STREET OMAHA, NE 68137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIMON, TODD 11030 "O" STREET OMAHA, NE 68137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, FREDERICK J 11030 "O" STREET OMAHA, NE 68137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON, STEPHEN H 11030 "O" STREET OMAHA, NE 68137

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IN THIS SPACE**

U00000210152
02/02/05-80068-012 150.00

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:  **1/27/05** **(402) 597-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #