FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:38

DOCUMENT # P01665 (9)

1. Corporation Name
OMD CORPORATION

Principal Place of Business	Mailing Address
3705 MISSOURI BLVD. P.O. BOX 6760 JEFFERSON CITY MO 65109 US	3705 MISSOURI BLVD. P.O. BOX 6760 JEFFERSON CITY MO 65109 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1984
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 43-1321338 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DVPT	☐ Change ☒ Addition
NAME	MCANANY, DONNA	1.2 NAME	O. Edwin Courtney	
STREET ADDRESS	4910 SHARON DRIVE	1.3 STREET ADDRESS	Rt #1 Box 21	
CITY-ST-ZIP	JEFFERSON CITY MO	1.4 CITY-ST-ZIP	Henley MO 65040	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PIERCE, PAUL R.	2.2 NAME	Gerald Roof	
STREET ADDRESS	736 HOBBS ROAD	2.3 STREET ADDRESS	5515 Old Highway 45	
CITY-ST-ZIP	JEFFERSON CITY MO	2.4 CITY-ST-ZIP	Paducah KY 42001	
TITLE	DVPS	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVEN, DARRELL	3.2 NAME		
STREET ADDRESS	705 HARVEST DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY MO	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	HIRSCHMAN, DAVID	4.2 NAME		
STREET ADDRESS	3605 MALL RIDGE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY FL	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	DOERING, DENNIS	5.2 NAME		
STREET ADDRESS	2014 AUTUM LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY MO	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DONNA	6.2 NAME		
STREET ADDRESS	5317 SHERIDAN DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY MO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: O. Edwin Courtney V.P. + Treas 04/12/95 314-893-8930
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR — Date — Daytime Phone #
O. EDWIN COURTNEY

0480018 FN

P01665

OFFICERS

*** CHAIRMAN/DIRECTOR**
PAUL PIERCE SOCIAL SECURITY #309-36-5896
736 HOBBS ROAD JEFFERSON CITY MO 65109 314-893-8930

*** PRESIDENT/DIRECTOR**
DONNA MCANANY SOCIAL SECURITY #486-52-7948
4910 SHARON DRIVE JEFFERSON CITY, MO 65109 314-893-8930

*** EX VP/TREASURER/DIRECTOR**
O. EDWIN COURTNEY SOCIAL SECURITY #486-42-1568
RT #1 BOX 21 HENLEY MO 65040 314-893-8930

*** SR VP/ASST SECRETARY/DIRECTOR**
DARRELL LEVEN SOCIAL SECURITY #491-64-4134
705 HARVEST DRIVE JEFFERSON CITY MO 65109 314-893-8930

VP, TECHNICAL SUPPORT
DAVID R. HIRSCHMAN
3605 MALL RIDGE DRIVE JEFFERSON CITY, MO 65109 314-893-8930

VP, SOFTWARE DEVELOPMENT/ASST SECRETARY
DENNIS N. DOERING
2014 AUTUMN LANE JEFFERSON CITY, MO 65101 314-893-8930

VP, EDUCATION AND SUPPORT
DONNA L. SMITH
5317 SHERIDAN DRIVE JEFFERSON CITY MO 65109 314-893-8930

* DIRECTOR
GERALD ROOF
5515 OLD HIGHWAY 45
PADUCAH KY 42001

SECRETARY
JUDY HIESBERGER SOCIAL SECURITY #509-40-1305
1709 CHADDSFORD DR. APT #B JEFFERSON CITY MO 65109 314-893-8930

SHARE HOLDERS
PAUL & MONA PIERCE
OMD CORPORATION PROFIT SHARING PLAN

FEDERAL TAX ID #43-1321338 EMPLOYER ID #431480136

DIRECTORS - PAUL PIERCE, DONNA MCANANY, DARRELL LEVEN, ED COURTNEY, GERALD ROOF