


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90172 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P01665</b>					
1. Corporation Name <b>OMD CORPORATION</b>					
Principal Place of Business <b>3705 MISSOURI BLVD. P.O. BOX 6760 JEFFERSON CITY MO 65109 US</b>			Mailing Address <b>3705 MISSOURI BLVD. P.O. BOX 6760 JEFFERSON CITY MO 65109 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/18/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		43-1321338	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		



DO NOT WRITE IN THIS SPACE

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, GREG</b>	1.2 NAME	
STREET ADDRESS	<b>110 RIVERWOOD DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JEFFERSON CITY MO 65109</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROOF, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>5515 OLD HIGHWAY 45</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PADUCAH KY</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, PAUL R.</b>	3.2 NAME	
STREET ADDRESS	<b>2433 THOMAS DRIVE, #147</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP HIRSCHMAN, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>3605 MALL RIDGE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JEFFERSON CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP DOERING, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>2014 AUTUM LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JEFFERSON CITY MO</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

4/17/99

573-893-8930

OFFICERS/DIRECTORS/SHAREHOLDERS

\* PRESIDENT/DIRECTOR

Donna McAnany SS# 309-36-5896  
4910 Sharon Drive  
Jefferson City, MO 65109

446946-90172-9  
P01665

\* SR VP/ASST SECRETARY/DIRECTOR

Darrell Leven SS# 491-64-4134  
705 Harvest Drive  
Jefferson City, MO 65109

VP, TECHNICAL SUPPORT

David R. Hirschman SS# 494-52-4461  
3605 Mall Ridge Drive  
Jefferson City, MO 65109

VP, SOFTWARE DEVELOPMENT/ASST SECRETARY

Dennis N. Doering SS# 493-58-0652  
2014 Autumn Lane  
Jefferson City, MO 65109

TREASURER

Greg Allen SS# 488-74-6106  
110 Riverwood Drive  
Jefferson City, MO 65109

SECRETARY

Judy Rentschler SS# 509-40-1305  
26 Osage  
Lake Ozark, MO 65049

\* CHAIRMAN/DIRECTOR

Paul Pierce SS# 309-36-5896  
2433 Thomas Drive #147  
Panama City Beach, FL 32408

\* DIRECTOR

Gerald Roof SS# 406-25-1944  
5515 Old Highway 45  
Paducah, KY 42003

\* DIRECTOR

O. Edwin Courtney SS# 486-42-1568  
Rt #1 Box 21  
Henley, MO 65040

STOCKHOLDERS:

OMD Profit Sharing Plan	51%
Pierce Family Investments	25%
The Salvation Army	5%
The Special Learning Center	5%
Misc shareholders	14%