2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01665

Title:

Name:

Address:

City-St-Zip:

Entity Name: OMD CORPORATION

FILED May 25, 2007 Secretary of State

Littly Nan	ie. Olvid COR	KFORAT	ION						
Current Principal Place of Business:					New Principal Place of Business:				
P.O. BOX 6	DURI BLVD. 760 N CITY, MO 6	5109	US			DURI BLVD. DN CITY, MO	65109	US	
Current Mailing Address:					New Mailing Address:				
P.O. BOX 6	DURI BLVD. 760 N CITY, MO 6	5109	US		PO BOX 67 EFFERSC	60 N CITY, MO	65102	US	
FEI Number:	43-1321338	FEI Nun	nber Applied For()	FEI Numb	er Not Appli	cable ()	Certifica	te of Status Desired ()	
Name and Address of Current Registered Agent: Name						ame and Address of New Registered Agent:			
1201 HAYS SUITE 105			ATION SYSTEM INC.						
The above in the State		ubmits tl	nis statement for the p	ourpose of o	changing it	s registered c	office or r	egistered agent, or both,	
SIGNATUR	E:								
	Electroni	c Signat	ure of Registered Age	ent				Date	
			S., the corporation did no	ot receive the	prior notice	.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ()I MCANANY, DON 4910 SHARON D JEFFERSON CIT	RIVE	5109	۸ <u>م</u>	itle: lame: .ddress: city-St-Zip:) Change(() Addition	
Title: Name: Address: City-St-Zip:	S () I BRECKLE, WEN 801 LORI DRIVE BOONVILLE, MC	Ī		۸ م	itle: lame: .ddress: city-St-Zip:	VP (X PATTERSON, S 3705 MISSOUR JEFFERSON C	SCOTT RI BLVD	() Addition 85109	
Title: Name: Address: City-St-Zip:	VP () I HIRSCHMAN, DA 3605 MALL RIDG JEFFERSON CIT	GE DRIVE		۸ <u>م</u>	itle: lame: ddress: city-St-Zip:	S (X HIRSCHMAN, E 3605 MALL RIE JEFFERSON C	DAVID DGE DRIVE		
Title: Name: Address: City-St-Zip:	VP () I DOERING, DENN 2014 AUTUM LAI JEFFERSON CIT	NE	5109	۸ م	itle: lame: .ddress: city-St-Zip:	()) Change(() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID HIRSCHMAN S 05/25/2007

(X) Delete

COURTNEY, O. EDWIN

HENLEY, MO 65040

RT. #1 BOX 21

() Change () Addition