

**2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J51792

**Entity Name:** ONICON INCORPORATED**Current Principal Place of Business:**1500 NORTH BELCHER ROAD  
CLEARWATER, FL 33765**Current Mailing Address:**7701 FORSYTH BLVD.  
STE. 600  
ST. LOUIS, MO 63105 US**FEI Number:** 59-2769898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 US*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:** JACQUELINE N. CASPER

05/03/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN

Name WEAVER, EARLE L.

Address 7701 FORSYTH BLVD.  
STE. 600

City-State-Zip: ST. LOUIS MO 63105

Title EVP

Name IERNA, BOWEN P

Address 845 FOREST GLEN ROAD

City-State-Zip: CLEARWATER FL 33765

Title VPF

Name LAMBERT, DEBBIE

Address 1500 NORTH BELCHER ROAD

City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR, TREASURER

Name SANTONI, MICHAEL P.

Address 7701 FORSYTH BLVD.  
STE. 600

City-State-Zip: ST. LOUIS MO 63105

Title VP

Name ZSIGA, DANIEL J

Address 1500 NORTH BELCHER ROAD

City-State-Zip: CLEARWATER FL 33765

Title VMST

Name CONE, ADRIENNE L

Address 1500 NORTH BELCHER ROAD

City-State-Zip: CLEARWATER FL 33765

Title VPS

Name NEUMANN, ROB

Address 1500 NORTH BELCHER ROAD

City-State-Zip: CLEARWATER FL 33765

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT

Name HAMACHER, SAMUEL A.

Address 7701 FORSYTH BLVD.  
STE. 600

City-State-Zip: ST. LOUIS MO 63105

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL P. SANTONI

TREASURER

05/03/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR, VP, SECRETARY  
Name                DEPLANTY, JEFFERY A.  
Address             7701 FORSYTH BLVD.  
                       STE. 600  
City-State-Zip:    ST. LOUIS MO 63105

Title                 PRESIDENT  
Name                NORRIS, JOHN  
Address             1500 NORTH BELCHER ROAD  
City-State-Zip:    CLEARWATER FL 33765

Title                 DIRECTOR, VP  
Name                HUNTER, JACKSON C.  
Address             7701 FORSYTH BLVD.  
                       STE. 600  
City-State-Zip:    ST. LOUIS MO 63105