

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005755

Entity Name: OMAHA STANDARD, INC.

FILED  
Jan 30, 2007  
Secretary of State

**Current Principal Place of Business:**

3501 S 11TH STREET  
COUNCIL BLUFFS, IA 51501

**New Principal Place of Business:**

**Current Mailing Address:**

3501 S 11TH STREET  
COUNCIL BLUFFS, IA 51501

**New Mailing Address:**

FEI Number: 42-0449670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOSER, JAMES D  
Address: 1114 JACKSON ST  
City-St-Zip: OMAHA, NE 68102

Title: P ( ) Delete  
Name: MOSER, THOMAS L  
Address: 13426 PARKER CIRCLE  
City-St-Zip: OMAHA, NE 68154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JAMES MOSER

P

01/30/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date