

1.) CORPORATION NAME:

OWP/P Cannon Design, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1815424**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 W WASHINGTON ST
2170 WHITEHAVEN RD

CITY/ST/ZIP: GRAND ISLAND, NY 14072-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MILLARD H BERRY, III	
TITLE:	VICE PRESIDENT	
ADDRESS:	2170 WHITEHAVEN ROAD	
CITY/ST/ZIP/CO:	GRAND ISLAND, NY 14072-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W KENNETH WISEMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1100 WILSON BOULEVARD	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22209-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID CARLINO	
TITLE:	VP/T	
ADDRESS:	2170 WHITEHAVEN ROAD	
CITY/ST/ZIP/CO:	GRAND ISLAND, NY 14072-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY R MILLER	
TITLE:	CEO	
ADDRESS:	2170 WHITEHAVEN ROAD	
CITY/ST/ZIP/CO:	GRAND ISLAND, NY 14072-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JENNIE MUSCARELLA	
TITLE:	SECRETARY	
ADDRESS:	2170 WHITEHAVEN ROAD	
CITY/ST/ZIP/CO:	GRAND ISLAND, NY 14072-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL KENT TURNER VICE PRESIDENT 1100 CLARK AVENUE ST. LOUIS, MO 63102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW MENDELSON VICE PRESIDENT 111 WEST WASHINGTON STREET CHICAGO, IL 60602-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY SURUFKA VICE PRESIDENT 111 WEST WASHINGTON STREET CHICAGO, IL 60602-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SYVERTSEN PRESIDENT 111 WEST WASHINGTON STREET CHICAGO, IL 60602-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JENNIE MUSCARELLA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIE MUSCARELLA, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/24/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.