

ELLISON LAWRENCE JOSEPH
 Form 3
 January 31, 2006

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â ELLISON LAWRENCE JOSEPH</p> <p>(Last) (First) (Middle)</p> <p>C/O DELPHI ASSET MANAGEMENT CORPORATION,Â 6005 PLUMAS STREET, SUITE 202</p> <p>(Street)</p> <p>RENO,Â NVÂ 89509</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/31/2006</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Ozark Holding Inc. [ORCL]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) CHIEF EXECUTIVE OFFICER</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	---	--	---	--

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,217,459,580	D	Â
Common Stock	911,744	I	by Spouse

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: ELLISON LAWRENCE JOSEPH - Form 3

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date <small>(Month/Day/Year)</small>		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option	Â (1)	08/27/2014	Common Stock	2,500,000	\$ 10.23	D	Â
Stock Option	Â (1)	07/26/2006	Common Stock	900,000	\$ 4.2362	D	Â
Stock Option	Â (1)	01/19/2007	Common Stock	13,500,000	\$ 4.6112	D	Â
Stock Option	Â (1)	07/13/2008	Common Stock	6,000,000	\$ 4.1771	D	Â
Stock Option	Â (1)	07/11/2013	Common Stock	900,000	\$ 12.6	D	Â
Stock Option	Â (1)	06/20/2015	Common Stock	6,000,000	\$ 12.34	D	Â
Stock Option	Â (1)	06/04/2009	Common Stock	40,000,000	\$ 6.875	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ELLISON LAWRENCE JOSEPH C/O DELPHI ASSET MANAGEMENT CORPORATION 6005 PLUMAS STREET, SUITE 202 RENO, NV 89509	Â X	Â X	Â CHIEF EXECUTIVE OFFICER	Â

Signatures

/s/ Barbara Wallace, Attorney in Fact (POA filed
7/15/03)

01/31/2006

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Options vest 25% annually on anniversary of grant date.

Â

Remarks:

Shares and options to purchase shares of Oracle Systems Corporation common stock were converted

Edgar Filing: ELLISON LAWRENCE JOSEPH - Form 3

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.