

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07073

FILED
Jan 05, 2009
Secretary of State

Entity Name: OPTIMUM NUTRITION, INC.

Current Principal Place of Business:

600 NORTH COMMERCE STREET
AURORA, IL 60504

New Principal Place of Business:

Current Mailing Address:

700 NORTH COMMERCE STREET
ATTN: JEN LARIMER
AURORA, IL 60504

New Mailing Address:

FEI Number: 36-3839445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISICOFF, ERIC D ESQ.
1200 BRICKELL AVENUE
SUITE 1900 SOUTH TOWER
MIAMI, FL 33131 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: COO () Delete
Name: COSTELLO, MICHAEL J.,
Address: 403 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33325

Title: CEO () Delete
Name: COSTELLO, ANTHONY P
Address: 600 N. COMMERCE STREET
City-St-Zip: AURORA, IL 60504

Title: DIR (X) Delete
Name: LARIMER, JENNIFER S
Address: 700 NORTH COMMERCE STREET
City-St-Zip: AURORA, IL 60504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: MESSENGER, LON K
Address: 700 NORTH COMMERCE STREET
City-St-Zip: AURORA, IL 60504

Title: DIR (X) Change () Addition
Name: LARIMER, JENNIFER S
Address: 700 N. COMMERCE STREET
City-St-Zip: AURORA, IL 60504

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

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.

SIGNATURE: JENNIFER S. LARIMER

DIR

01/05/2009

Electronic Signature of Signing Officer or Director

Date