

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07073

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** OPTIMUM NUTRITION, INC.

**Current Principal Place of Business:**

1603 ORRINGTON AVENUE  
STE 1000  
EVANSTON, IL 60201

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

975 MERIDIAN LAKE DRIVE, 2ND FLOOR  
ATTN: JEN LARIMER  
AURORA, IL 60504

**FEI Number:** 36-3839445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: DIMITRIJEVIC, ALEX  
Address: 975 MERIDIAN LAKE DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, IL 60504

Title: DIR  
Name: LARIMER, JENNIFER S  
Address: 975 MERIDIAN LAKE DRIVE, 2ND FLOOR  
City-St-Zip: AURORA, IL 60504

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: JEN LARIMER

DIR

01/03/2012

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

\_\_\_\_\_  
Date