2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# F00000006193

Entity Name: EDSOLUTIONS, INC.

Current Principal Place of Business:

131 BELLE FOREST CIRCLE, SUITE 210
NASHVILLE, TN 37221

New Principal Place of Business:

Current Mailing Address:

131 BELLE FOREST CIRCLE, SUITE 210
NASHVILLE, TN 37221

New Mailing Address:

FEI Number: 62-1800604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: WILSON, MARGARET MARY
Address: 131 BELLE FOREST CIRCLE, SUITE 210
City-St-Zip: NASHVILLE, TN 37221

Title: VC ( ) Delete
Name: PACKARD, RON
Address: 844 MORAGA DR.
City-St-Zip: LOS ANGELES, CA 90049

Title: D ( ) Delete
Name: KAPLAN, HAL
Address: 1310 LEWISVILLE-CLEMMONS RD.
City-St-Zip: LEWISVILLE, NC 27023

Title: D ( ) Delete
Name: KALINSKE, TOM
Address: 3351 EL CAMINO REAL, SUITE 200
City-St-Zip: MENLO PARK, CA 94027

Title: S ( ) Delete
Name: BURNETT, BETTY LOU
Address: 131 BELLE FOREST CIRCLE, SUITE 210
City-St-Zip: NASHVILLE, TN 37221

Title: D ( ) Delete
Name: COZZI, JOHN
Address: 540 MADISON AVE., 25TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Section 119.07(3)(i), 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: BETTY LOU BURNETT S 01/10/2003

Electronic Signature of Signing Officer or Director Date