2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005815

Entity Name: OPTIMA EDUCATIONAL SOLUTIONS, INC.

FILED Jul 16, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	RLINGTON HE ON HEIGHTS,	IGHTS RD., STE. 307 IL 60004				
Current Mailing Address:				New Mailing Address:		
3265 N. ARLINGTON HEIGHTS RD., STE. 307 ARLINGTON HEIGHTS, IL 60004			S	100 WOODBRIDGE CENTER DRIVE SUITE 202 WOODBRIDGE, NJ 07095		
FEI Number: 36-4378355 FEI Number Applied For ()			FEI Numb	Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of N	lew Registered Agent:
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity see of Florida.	submits this statement for the p	urpose of o	changing it	ts registered o	ffice or registered agent, or both,
SIGNATU	RE:					
	Electron	ic Signature of Registered Age	nt			Date
	որaign Financing S AND DIREC	g Trust Fund Contribution(). TORS:	Į.	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	GROSSI, ANGE 3265 N. ARLING	Delete ELO GTON HEIGHTS RD., STE. 307 EIGHTS, IL 60004	N A	ītle: lame: kddress: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	()	Delete	N A	itle: lame: \ddress: City-St-Zip:	BLACK, JOHN	Change (X) Addition DGE CENTER DRIVE 1, NJ 07095
Title: Name: Address: City-St-Zip:	()	Delete	N A	ītle: lame: \ddress: كity-St-Zip:	HOLUBIAK, MY	DGE CENTER DRIVE
Title: Name: Address: City-St-Zip:	()	Delete	A A	itle: lame: ddress: Dity-St-Zip:	TYNDALL, PAU	DGE CENTER DRIVE
Title: Name: Address: City-St-Zip:	()	Delete	N A	ītle: lame: lddress: Dity-St-Zip:	SIVORI, JAMES	DGE CENTER DRIVE
Title: Name:	()	Delete		itle: lame:	CFO ()	Change (X) Addition

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.

Address:

City-St-Zip:

SIGNATURE: CARYN E. KENIN AS 07/16/2003

Address:

City-St-Zip:

3265 N. ARLINGTON HEIGHTS RD., STE. 307

ARLINGTON HEIGHTS, IL 60006

CARYN E. KENIN, AS 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095

JOHN CORCORAN, EVP 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095