


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 043 ***150.00

DOCUMENT # F04000002629					
1. Entity Name OIOPT ACQUISITION CORP.					
Principal Place of Business 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076			Mailing Address 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076		
2. Principal Place of Business - No P.O. Box # 6301 Kaplan University Ave.		3. Mailing Address 3750 Brookside Parkway			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 150			
City & State Ft. Lauderdale, FL		City & State Alpharetta, GA		4. FEI Number 58-2052755	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33309		Country USA		6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
City Ft. Lauderdale, FL		State FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERBER, GARY D 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Kevin Corser 3750 Brookside Parkway, Suite 150 Alpharetta, GA 30022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PISANO, VINCE 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeff Conlon 311 S. Wacker Chicago, IL 60607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSENTOS, GERALD 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Lane 888 Seventh Avenue New York, NY 10106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEELYE, MATTHEW C 1400 HEMBREE ROAD, SUITE 100 ROSWELL, GA 30076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 Kaplan University Ave Ft. Lauderdale, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLON, VERONICA 888 SEVENTH AVENUE NEW YORK, NY 10106	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Andrew Rosen 888 Seventh Ave. New York, NY 10106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMACHEK, ROSS 888 SEVENTH AVENUE NEW YORK, NY 10106	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4-27-07 770-776-5069		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kevin Corser			Date Daytime Phone #		