

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 001 ***150.00

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1. Entity Name
OIOPT ACQUISITION CORP.



Principal Place of Business
6301 KAPLAN UNIVERSITY AVE.
FORT LAUDERDALE, FL 33309

Mailing Address
3750 BROOKSIDE PARKWAY
SUITE 150 (ATTN: ACCOUNTING MGR.)
ALPHARETTA, GA 30022

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172008

Chg-P

CR2E034 (12/06)

4. FEI Number

58-2052755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete
NAME CORSER, KEVIN
STREET ADDRESS 3750 BROOKSIDE PARKWAY, SUITE 150
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE ASSISTANT TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CONLON, JEFF
STREET ADDRESS 311 S. WACKER
CITY-ST-ZIP CHICAGO, IL 60607

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VP ☐ Delete
NAME LANE, ROBERT
STREET ADDRESS 888 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10106

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME SEELYE, MATTHEW C
STREET ADDRESS 6301 KAPLAN UNIVERSITY AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Delete
NAME ROSEN, ANDREW
STREET ADDRESS 888 SEVENTH AVE.
CITY-ST-ZIP NEW YORK, NY 10106

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 6301 Kaplan University Ave
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Janice Block
STREET ADDRESS 311 S Wacker Drive
CITY-ST-ZIP Chicago, IL 60606

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:

Kevin Corser

KEVIN CORSER

4/21/08

Date

(770) 360-3750

Daytime Phone #