

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003769

FILED  
Mar 19, 2007  
Secretary of State

Entity Name: OSI RECOVERY SOLUTIONS, INC.

**Current Principal Place of Business:**

2520 S 170TH STREET, P.O. BOX 510955  
NEW BERLIN, WI 53151

**New Principal Place of Business:**

2520 S 170TH STREET  
NEW BERLIN, WI 53151

**Current Mailing Address:**

2520 S 170TH STREET, P.O. BOX 510955  
NEW BERLIN, WI 53151

**New Mailing Address:**

FEI Number: 43-1901709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PTD ( ) Delete  
Name: WELLER, GARY L  
Address: 390 S WOODS MILL ROAD, SUITE 350  
City-St-Zip: CHESTERFIELD, MO 63017

Title: VS ( ) Delete  
Name: SEELING, RICHARD N  
Address: 2520 S 170TH STREET, P.O. BOX 510955  
City-St-Zip: NEW BERLIN, WI 53151

Title: AS ( ) Delete  
Name: HOFFMAN, RICHARD C  
Address: 390 S WOODS MILL ROAD, SUITE 350  
City-St-Zip: CHESTERFIELD, MO 63017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: KELEGHAN, KEVIN T  
Address: 2150 E. LAKE COOK RD., SUITE 500  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: VP/S (X) Change ( ) Addition  
Name: SEELING, RICHARD N  
Address: 2520 S 170TH STREET, P.O. BOX 510955  
City-St-Zip: NEW BERLIN, WI 53151

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 Chapter 119, 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: RICHARD N. SEELING

VP/S

03/19/2007

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

\_\_\_\_\_ Date