

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000597

1. Entity Name
OSI EDUCATION SERVICES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90131 033 ***150.00

Principal Place of Business
2520 SOUTH 170TH ST
NEW BERLIN WI 53151
US

Mailing Address
2520 SOUTH 170TH ST
NEW BERLIN WI 53151
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 39-1357406

Applied For
Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS
NAME BOHMANN, JAMES ☒ Delete
STREET ADDRESS 5656 COUNTY LINE ROAD
CITY-ST-ZIP COLGATE WI 53017

TITLE VP/S
NAME Seeling, Richard N. ☒ Change ☐ Addition
STREET ADDRESS 919 Oxford Road
CITY-ST-ZIP Waukesha, WI 53186

TITLE AS
NAME HOFFMAN, RICHARD ☐ Delete
STREET ADDRESS 6238 WESTMINSTER PLACE
CITY-ST-ZIP ST. LOUIS MO 63130

TITLE D/VP
NAME Van Cleve, Peter D. ☐ Change ☒ Addition
STREET ADDRESS 5 Hillvale Drive
CITY-ST-ZIP Clayton, MO 63105

TITLE PTD
NAME BEFFA, TIMOTHY G ☐ Delete
STREET ADDRESS 2015 KINGSPONTE DRIVE
CITY-ST-ZIP ST LOUIS MO 63005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard N. Seeling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard N. Seeling, VP/Secty

Date

1/5/01 (262)780-2000

Daytime Phone #

CR2E034 (10/00)