## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F92000000597

Entity Name: OSI EDUCATION SERVICES, INC.

FILED Feb 28, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
P.O. BOX	TH 170TH ST 510955 LIN, WI 5315			
Current Mailing Address:			New Mailing Address:	
P.O. BOX	TH 170TH ST 510955 LLIN, WI 5315			
FEI Number	: 39-1357406	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	AND ROAD		
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	onic Signature of Registered Ag	ent	Date
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HOFFMAN, RI 390 S WOOD	) Delete CHARD C S MILL RD., STE 350 LD, MO 63017	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WELLER, GAI 390 S WOOD	) Delete RY L S MILL RD., STE 350 LD, MO 63017	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEELING, RIC 2520 S 170TH	) Delete CHARD N I ST., POB 510955 , WI 531510955	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	EVPD ( FRICK, ROBE	) Delete :RT E	Title: Name:	( ) Change ( ) 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: RICHARD N. SEELING VS 02/28/2005

200 S. EXECUTIVE DRIVE, 3RD FLOOR

BROOKFIELD, WI 53008

Address:

City-St-Zip: