

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000597

FILED
Mar 19, 2007
Secretary of State

Entity Name: OSI EDUCATION SERVICES, INC.

Current Principal Place of Business:

2520 SOUTH 170TH ST
P.O. BOX 510955
NEW BERLIN, WI 531510955 US

New Principal Place of Business:

2520 SOUTH 170TH ST
NEW BERLIN, WI 53151 US

Current Mailing Address:

2520 SOUTH 170TH ST
P.O. BOX 510955
NEW BERLIN, WI 531510955 US

New Mailing Address:

2520 SOUTH 170TH ST
PO BOX 510955
NEW BERLIN, WI 531510955 US

FEI Number: 39-1357406

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: ASD () Delete
Name: HOFFMAN, RICHARD C
Address: 390 S WOODS MILL RD., STE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: PTD () Delete
Name: WELLER, GARY L
Address: 390 S WOODS MILL RD., STE 350
City-St-Zip: CHESTERFIELD, MO 63017

Title: VS () Delete
Name: SEELING, RICHARD N
Address: 2520 S 170TH ST., POB 510955
City-St-Zip: NEW BERLIN, WI 531510955

Title: EVPD () Delete
Name: FRICK, ROBERT E
Address: 200 S. EXECUTIVE DRIVE, 3RD FLOOR
City-St-Zip: BROOKFIELD, WI 53008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS/D (X) Change () Addition
Name: HOFFMAN, RICHARD C
Address: 390 S WOODS MILL RD., STE 350
City-St-Zip: CHESTERFIELD, MO 63017

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 ST., POB 510955
City-St-Zip: NEW BERLIN, WI 531510955

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