

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90090 014 \*\*\*150.00



**DOCUMENT # F92000000597**

1. Entity Name  
**OSI EDUCATION SERVICES, INC.**



Principal Place of Business  
**2520 SOUTH 170TH ST  
P.O. BOX 510955  
NEW BERLIN WI 53151-0955  
US**

Mailing Address  
**2520 SOUTH 170TH ST  
P.O. BOX 510955  
NEW BERLIN WI 53151-0955  
US**

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>39-1357406</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>ASD</b>	<input type="checkbox"/> Delete		TITLE	<b>AS/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HOFFMAN, RICHARD</b>			NAME	<b>Richard C. Hoffman</b>		
STREET ADDRESS	<b>6238 WESTMINSTER PLACE</b>			STREET ADDRESS	<b>390 South Woods Mill Road, Suite 350</b>		
CITY-ST-ZIP	<b>ST. LOUIS MO 63130</b>			CITY-ST-ZIP	<b>Chesterfield, MO 63017</b>		
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>P/T/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>BEFFA, TIMOTHY G</b>			NAME	<b>Gary L. Weller</b>		
STREET ADDRESS	<b>2015 KINGSPONTE DRIVE</b>			STREET ADDRESS	<b>390 South Woods Mill Road, Suite 350</b>		
CITY-ST-ZIP	<b>ST LOUIS MO 63005</b>			CITY-ST-ZIP	<b>Chesterfield, MO 63017</b>		
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete		TITLE	<b>V/S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SEELING, RICHARD N</b>			NAME	<b>Richard N. Seeling</b>		
STREET ADDRESS	<b>919 OXFORD ROAD</b>			STREET ADDRESS	<b>2520 S. 170th St. P.O. Box 510955</b>		
CITY-ST-ZIP	<b>WAUKESHA WI 53186</b>			CITY-ST-ZIP	<b>New Berlin, WI 53151-0955</b>		
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete		TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VAN CLEVE, PETER D</b>			NAME	<b>Peter D. Van Cleve</b>		
STREET ADDRESS	<b>5 HILLVALE DRIVE</b>			STREET ADDRESS	<b>211 N. Broadway</b>		
CITY-ST-ZIP	<b>CLAYTON MO 63105</b>			CITY-ST-ZIP	<b>St. Louis, MO 63102</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard N. Seeling DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(212) 780-2000*  
Daytime Phone #

CR2E034 (10/02)