

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1357406**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS/D
Richard C. Hoffman
390 South Woods Mill Road, Suite 350
Chesterfield, MO 63017** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/T/D
Gary L. Weller
390 South Woods Mill Road, Suite 350
Chesterfield, MO 63017** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
SEELING, RICHARD N
919 OXFORD ROAD
WAUKESHA WI 53186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/S
Richard N. Seeling
2520 S. 170th St. P.O. Box 510955
New Berlin, WI 53151-0955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
VAN CLEVE, PETER D
5 HILLVALE DRIVE
CLAYTON MO 63105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
Peter D. Van Cleve
211 N. Broadway
St. Louis, MO 63102** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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
Richard N. Seeling
V.P. Secretary

Date

(212) 780-2000
Daytime Phone #

CR2E034 (10/02)