

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006193

FILED  
Jan 10, 2003  
Secretary of State

Entity Name: EDSOLUTIONS, INC.

## Current Principal Place of Business:

131 BELLE FOREST CIRCLE, SUITE 210  
NASHVILLE, TN 37221

## New Principal Place of Business:

## Current Mailing Address:

131 BELLE FOREST CIRCLE, SUITE 210  
NASHVILLE, TN 37221

## New Mailing Address:

FEI Number: 62-1800604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: CP ( ) Delete  
Name: WILSON, MARGARET MARY  
Address: 131 BELLE FOREST CIRCLE, SUITE 210  
City-St-Zip: NASHVILLE, TN 37221

Title: VC ( ) Delete  
Name: PACKARD, RON  
Address: 844 MORAGA DR.  
City-St-Zip: LOS ANGELES, CA 90049

Title: D ( ) Delete  
Name: KAPLAN, HAL  
Address: 1310 LEWISVILLE-CLEMMONS RD.  
City-St-Zip: LEWISVILLE, NC 27023

Title: D ( ) Delete  
Name: KALINSKE, TOM  
Address: 3351 EL CAMINO REAL, SUITE 200  
City-St-Zip: MENLO PARK, CA 94027

Title: S ( ) Delete  
Name: BURNETT, BETTY LOU  
Address: 131 BELLE FOREST CIRCLE, SUITE 210  
City-St-Zip: NASHVILLE, TN 37221

Title: D ( ) Delete  
Name: COZZI, JOHN  
Address: 540 MADISON AVE., 25TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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.

SIGNATURE: BETTY LOU BURNETT

S

01/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date