

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90152 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001107**

1. Corporation Name  
**UNITED SUBCONTRACTORS, INC.**



Principal Place of Business	Mailing Address
5 TRIAD CENTER #750 55 NORTH 300 WEST SALT LAKE CITY UT 84180	5 TRIAD CENTER #750 55 NORTH 300 WEST SALT LAKE CITY UT 84180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1005 N. Church St		26 1005 N. Church St.		02/26/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		87-0572162	
24 Zip		29 Zip		Applied For	
25 Country		30 Country		Not Applicable	
28206		28206		5. Certificate of Status Desired	
Mecklenburg		Mecklenburg		<input type="checkbox"/> \$8.75 Additional Fee Required	
C T CORPORATION SYSTEM		C-T Corporation System		6. Election Campaign Financing	
1200 SOUTH PINE ISLAND ROAD		1200 S. Pine Island Rd.		<input type="checkbox"/> \$5.00 May Be Added to Fees	
PLANTATION FL 33324		Plantation FL 33324		8. This corporation owes the current year Intangible Personal Property Tax	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of Current Registered Agent		Name and Address of New Registered Agent		10. Name and Address of New Registered Agent	

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	C-T Corporation System		
		82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Rd.		
		83 City	Plantation		
		84 State	FL		
		85 Zip Code	33324		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE	PCD	<input type="checkbox"/> DELETE	11 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDSON, FREDRICK		12 NAME	Judson, Fredrick	
STREET ADDRESS	5 TRIAD CENTER #750 55 N. 300 WEST		13 STREET ADDRESS	1005 N. Church St.	
CITY-ST-ZIP	SALT LAKE CITY UT		14 CITY-ST-ZIP	Charlotte, NC 28206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> DELETE	21 TITLE	CFO	
NAME	PHILLIPS, REBECCA A		22 NAME	Lepow, Stephan A.	
STREET ADDRESS	5 TRIAD CENTER #750 55 N. 300 WEST		23 STREET ADDRESS	1005 N. Church St.	
CITY-ST-ZIP	SALT LAKE CITY UT		24 CITY-ST-ZIP	Charlotte, NC 28206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMINIAK, LAWRENCE W		32 NAME	Helminiak, Lawrence	
STREET ADDRESS	5 TRIAD CENTER #750 55 N. 300 WEST		33 STREET ADDRESS	1005 N. Church St.	
CITY-ST-ZIP	SALT LAKE CITY UT		34 CITY-ST-ZIP	Charlotte, NC 28206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	41 TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIPPER, DAVID E		42 NAME	Nipper, David E.	
STREET ADDRESS	5 TRIAD CENTER #750 55 N. 300 WEST		43 STREET ADDRESS	1005 N. Church St.	
CITY-ST-ZIP	SALT LAKE CITY UT		44 CITY-ST-ZIP	Charlotte, NC 28206	
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephan A. Lepow Date: (704) 332-0707

CR2E034 (11/98)