

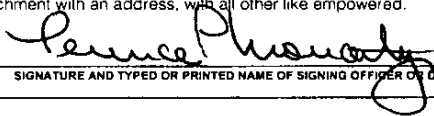


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90077 036 \*\*\*150.00

<b>DOCUMENT # 341360</b> 1. Entity Name <b>UNITED SITE SERVICES OF FLORIDA, INC.</b>					
Principal Place of Business <b>7451 NW 63RD ST. MIAMI, FL 33166-3603 US</b>			Mailing Address <b>7451 NW 63RD ST. MIAMI, FL 33166-3603 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>200 Friberg Pkwy, Ste. 4000 Westborough, MA</b>			
City & State		City & State		04282008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-1231631</b>	
01581		USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCNABB, TERRENCE 30 POSSUM WAY DUXBURY, MA 02332</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D McNabb, Terrence 251 Luce Hill Road, No. 56 Stowe, VT 05672</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PARLENGAS, RONALD 18 RED GAP ROAD WILBRAHAM, MA 01095</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Bruce, Kevin P. 200 Friberg Parkway, Suite 4000 Westborough, MA 01581</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELLORA, TERRY 200 FRIBERG PKWY STE 4000 WESTBOROUGH, MA 01581</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Johnson, Edward One Madison Avenue, 11th Floor New York, NY 10010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOLM, MICHAEL 7451 NW 62ND ST MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Holm, Michael 7451 NW 63rd Street Miami, FL 33166-3603</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MORIARTY, TERENCE P 200 FRIBERG PARKWAY WESTBOROUGH, MA 01581</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rattner, Steven One Madison Avenue, 11th Floor New York, NY 10010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SAN FRATELLO, MARK 200 FRIBERG PARKWAY WESTBOROUGH, MA 01581</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sprott, Ryan One Madison Avenue, 11th Floor New York, NY 10010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			4/28/08    508-594-2667		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Terence P. Moriarty    Date    Daytime Phone #		