

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004872

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: UNITED TELEMAGEMENT SYSTEMS, INC.

## Current Principal Place of Business:

6450 POE AVE STE 401  
DAYTON, OH 45414

## New Principal Place of Business:

## Current Mailing Address:

6450 POE AVE STE 401  
DAYTON, OH 45414

## New Mailing Address:

FEI Number: 31-1760874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: CAMPBELL, DONALD E  
Address: 1485 COUNTRY WOOD DR  
City-St-Zip: BELLBROOK, OH 45440

Title: CS ( ) Delete  
Name: HENLEY, TERRY  
Address: 278 CHILDRENS HOME RD  
City-St-Zip: TROY, OH 45373

Title: T ( ) Delete  
Name: SEGI, PETER  
Address: 7411 GARDENSIDE DR  
City-St-Zip: DAYTON, OH 45414

Title: D ( ) Delete  
Name: JACOBS, M.D., ALAN K  
Address: 7077 MECKER COMMONS LANE  
City-St-Zip: DAYTON, OH 45414

Title: D ( ) Delete  
Name: OREM, D.O., RANDALL C  
Address: 7677 WINDING WAY NORTH  
City-St-Zip: TIPP CITY, OH 45371

Title: D ( ) Delete  
Name: WESTERVELT, ROBERT  
Address: 50 NICKLERAIN CT.  
City-St-Zip: MONTVALE, NJ 07645

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAMPBELL, DONALD E  
Address: 6218 SADDLEHORN AVE  
City-St-Zip: SARASOTA, FL 34243

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 Chapter 119, 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: TERRY HENLEY

PRES

03/15/2007

Electronic Signature of Signing Officer or Director

Date