

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 046 ***150.00

DOCUMENT # F03000005231					
1. Entity Name UNI-SELECT USA SOUTH CENTRAL, INC.					
Principal Place of Business 2525 N. FAIRVIEW AVENUE ST. PAUL, MN 55113			Mailing Address 2525 N. FAIRVIEW AVENUE ST. PAUL, MN 55113		
2. Principal Place of Business 20 HAZELWOOD DRIVE Suite, Apt. #, etc. SUITE 100		3. Mailing Address 20 HAZELWOOD DRIVE Suite, Apt. #, etc. SUITE 100			
City & State AMHERST, NY		City & State AMHERST, NY		04102006 Chg-P CR2E034 (11/05)	
Zip Country 14228 USA		Zip Country 14228 USA		4. FEI Number 41-1950828	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D JACQUES, FLORENT 170 INDUSTRIEL BLVD., BOUCHERVILLE QUEBEC, CANADA, J4B 2X3, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, BILL 641 PHELAN AVENUE MEMPHIS, TN 38126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUTLAND, JOHN 641 PHELAN AVENUE MEMPHIS, TN 38126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESNAY, PIERRE 170 INDUSTRIEL BOUL, BOUCHERVILLE QUEBEC, CANADA, J4B 2X3, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHMIDT, STEVE 2525 FAIRVIEW AVE N. SAINT PAUL, MN 55117 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER TERHAAR, SCOTT 20 HAZELWOOD DRIVE, SUITE 100 AMHERST, NY 14228 <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.					
SIGNATURE:			4/25/06 (716)531-9205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		