

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005930

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: UNITED WALL SYSTEMS, INC.

**Current Principal Place of Business:**

9538 DEERECO RD  
TIMONIUM, MD 21003

**New Principal Place of Business:**

8805 PIKESVILLE AV  
PIKESVILLE, MD 21208

**Current Mailing Address:**

9538 DEERECO RD  
TIMONIUM, MD 21003

**New Mailing Address:**

8805 PIKESVILLE AV  
PIKESVILLE, MD 21208

FEI Number: 52-2222191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: OWENS, MARK  
Address: 2300 CRESTNOLL RD  
City-St-Zip: REISTERSTOWN, MD 21136

Title: VCV (X) Delete  
Name: MCKEAN, ED  
Address: 7 VIRGINIA AV  
City-St-Zip: REISTERSTOWN, MD 21136

Title: S ( ) Delete  
Name: OWENS, DEBORAH  
Address: 2300 CRESTNOLL RD  
City-St-Zip: REISTERSTOWN, MD 21136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OWENS, MARK A  
Address: 2300 CRESTNOLL RD  
City-St-Zip: REISTERSTOWN, MD 21136

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: MARK A. OWENS

P

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date