

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90375 016 \*\*\*150.00

**DOCUMENT # F04000000245**

1. Entity Name  
**USIS COMMERCIAL SERVICES, INC.**



Principal Place of Business

**6365 HAYS ST., #2000-  
HOLLYWOOD, FL 33024**

Mailing Address

**4500 S. 129TH E. AVE., STE. 200  
TULSA, OK 74134-5885**

2. Principal Place of Business

**4500 S. 129th E. Ave.**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Tulsa, OK 74134-5885**

Zip

**74134-5885**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number

**73-1168954**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>COLLINS, JAMES B</b>	
STREET ADDRESS	<b>16435 BIRMINGHAM HIGHWAY</b>	
CITY-ST-ZIP	<b>ALPHARETTA, GA 30004</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>RAPP, K. MARK</b>	
STREET ADDRESS	<b>127 OVERHILL STREET,</b>	
CITY-ST-ZIP	<b>GOVE CITY, PA 16127</b>	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	<b>HARPER, PHILIP R</b>	
STREET ADDRESS	<b>1850 ROSE COTTAGE LANE</b>	
CITY-ST-ZIP	<b>MALVERN, PA 19355</b>	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	<b>WINTER, WILLIAM M</b>	
STREET ADDRESS	<b>719 BELMONT ROAD</b>	
CITY-ST-ZIP	<b>BUTLER, PA 16001</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SWEENEY, PHILIP T</b>	
STREET ADDRESS	<b>4744 WALLINGFORD ST.</b>	
CITY-ST-ZIP	<b>PITTSBURG, PA 15213</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WILLIS, TIM M</b>	
STREET ADDRESS	<b>8605 S. FULTON</b>	
CITY-ST-ZIP	<b>TULSA, OK 74137</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President / Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Timothy Dowd</b>	
STREET ADDRESS	<b>4500 S. 129th E. Ave.</b>	
CITY-ST-ZIP	<b>Tulsa, OK 74134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chairman of the Board/Direct</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Randy Dobbs</b>	
STREET ADDRESS	<b>7799 Leesburg Pike, Ste. 1100 No.</b>	
CITY-ST-ZIP	<b>Falls Church, VA 22043</b>	
TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Cull</b>	
STREET ADDRESS	<b>7799 Leesburg Pike, Ste. 1100 No.</b>	
CITY-ST-ZIP	<b>Falls Church, VA 22043</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Tim M. Willis* VP-DIR of Contracts Compliance 3/31/06 6648794 (918)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #