2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F04000001813

Entity Name: UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION, INC.

Current Principal Place of Business:

100 INDIANA AVENUE., N.W., SUITE 510
WASHINGTON, DC 20001

New Principal Place of Business:

Current Mailing Address:

100 INDIANA AVENUE., N.W., SUITE 510
WASHINGTON, DC 20001

New Mailing Address:

FEI Number: 62-0476257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WARREN, MYRA,	
Address:	100 INDIANA AVENUE., N.W., SUITE 510	
City-St-Zip:	WASHINGTON, DC 20001	
Title:	CD	( ) Delete
Name:	BROWN, LAWRENCE D JR.	
Address:	774 VALENCIA STREET	
City-St-Zip:	LOS ANGELES, CA 90017	
Title:	T	( ) Delete
Name:	GILL, MICHAEL J	
Address:	70 NE 39TH ST	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	KELLER, RANDALL L TRUSTEE	
Address:	2500 MAIN STREET, #201	
City-St-Zip:	TEWKSBURY, MA 01876	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA WARREN D 01/21/2009

Electronic Signature of Signing Officer or Director — Date