

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000003855

1. Entity Name  
UNITED STATES SURETY COMPANY



Principal Place of Business  
20 WEST AYLESBURY ROAD  
TIMONIUM, MD 21093

Mailing Address  
P.O. BOX 5605  
TIMONIUM, MD 21094-5605



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-1976385

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000187931  
01/24/05-80035-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CS
NAME	KLEIN, MICHAEL J
STREET ADDRESS	10751 FALLS ROAD
CITY-ST-ZIP	BROOKLANDVILLE, MD 21022
TITLE	P
NAME	KLEIN, RICHARD E
STREET ADDRESS	20 WEST AYLESBURY ROAD
CITY-ST-ZIP	TIMONIUM, MD 21093
TITLE	V
NAME	NEVIN, CAROL T
STREET ADDRESS	20 WEST AYLESBURY ROAD
CITY-ST-ZIP	TIMONIUM, MD 21093
TITLE	T
NAME	KLEIN, JUSTIN R
STREET ADDRESS	10751 FALLS DRIVE
CITY-ST-ZIP	BROOKLANDVILLE, MD 21022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard E. Klein, Secy. Date 1/11/05 Daytime Phone # 410-453-1525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR