2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003855

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LOS ANGELES, CA 90045

13403 NORTHWEST FRWY

SIMMONS, JAMES L

HOUSTON, TX 77040

() Delete

FILED Apr 03, 2008 Secretary of State

Entity Name: UNITED STATES SURETY COMPANY						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	AYLESBURY R I, MD 21093	OAD				
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 5605 TIMONIUM, MD 210945605			13403 NW	C/O HCC SERVICE CO. ATTN: LEGAL 13403 NW FRWY HOUSTON, TX 77040		
FEI Number:	52-1976385	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and	Address of Co	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US						
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			nt	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CD () ELLIS, JR., EDW 13403 NORTHW HOUSTON, TX 7	EST FRWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I KLEIN, RICHARI 20 WEST AYLES TIMONIUM, MD	SBURY ROAD	Title: Name: Address: City-St-Zip:	KLEIN, RICHA	ESBURY ROAD	
Title: Name: Address: City-St-Zip:	VD () THOMAS, ROBE 13403 NORTHW HOUSTON, TX 7	EST FRWY	Title: Name: Address: City-St-Zip:	VD (X MOLBECK, JR 13403 NORTH HOUSTON, TX	WEST FRWY	
Title: Name: Address:	T () CRUITT, JEROM 9841 AIRPORT E		Title: Name: Address:	TD () CRUITT, JERO 13403 NW FR		

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

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOUSTON, TX 77040

() Change () Addition

SIGNATURE: JAMES L. SIMMONS S 04/03/2008