## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006577

Entity Name: UTILITY SUPPORT SYSTEMS, INC.

FILED Apr 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4040 BANKHEAD HWY 4040 BANKHEAD HWY SUITE 200 SUITE 200 DOUGLAS, GA 30133 DOUGLASVILLE, GA 30134 US **Current Mailing Address:** New Mailing Address: PO BOX 265 PO BOX 265 DOUGLASVILLE, GA 30133 4040 BANKHEAD HWY SUITE 200 DOUGLASVILLE, GA 30133 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 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 Date Election Campaign Financing Trust Fund Contribution (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CPSD Title: ( ) Delete Title: (X) Change ( ) Addition ARNETT, CATHY Name: ARNETT, CATHY Y Name: 4040 BANKHEAD HWY 4040 BANKHEAD HWY SUITE 200 Address: Address: City-St-Zip: DOUGLAS, GA 30133 City-St-Zip: DOUGLASVILLE, GA 30134 Title: Title: () Delete (X) Change ( ) Addition Name: ARNETT, CATHY Y Name: ARNETT, CATHY 4040 BANKHEAD HWY 4040 BANKHEAD HWY SUITE 200 Address: Address: DOUGLASVILLE, GA 30134 DOUGLAS, GA 30133 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition ARNETT, WILFRED ARNETT, CATHY Name: Name: 4040 BANKHEAD HWY 4040 BANKHEAD HWY SUITE 200 Address Address: City-St-Zip: DOUGLAS, GA 30133 City-St-Zip: DOUGLASVILLE, GA 30134 Title: () Delete Title: ( ) Change (X) Addition THOMPSON, DAVID Name: Name: Address: Address: 4040 BANKHEAD HWY SUITE 200 City-St-Zip: City-St-Zip: DOUGLASVILLE, GA 30133 Title: Title: ( ) Change (X) Addition ( ) Delete ARNETT, WILFRED Name: Name: Address: Address: 4040 BANKHEAD HWY SUITE 200 City-St-Zip: City-St-Zip: DOUGLASVILLE, GA 30133

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.

SIGNATURE: CATHY ARNETT P 04/16/2008