2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# F04000006577

Entity Name: UTILITY SUPPORT SYSTEMS, INC.

Current Principal Place of Business:

4040 BANKHEAD HWY
SUITE 200
DOUGLASVILLE, GA 30134 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 265
4040 BANKHEAD HWY SUITE 200
DOUGLASVILLE, GA 30133 US

New Mailing Address:

FEI Number: 58-1827558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ARNETT, CATHY
Address: 4040 BANKHEAD HWY SUITE 200
City-St-Zip: DOUGLASVILLE, GA 30134

Title: S ( ) Delete
Name: ARNETT, CATHY
Address: 4040 BANKHEAD HWY SUITE 200
City-St-Zip: DOUGLASVILLE, GA 30134

Title: D ( ) Delete
Name: ARNETT, CATHY
Address: 4040 BANKHEAD HWY SUITE 200
City-St-Zip: DOUGLASVILLE, GA 30134

Title: V ( ) Delete
Name: THOMPSON, DAVID
Address: 4040 BANKHEAD HWY SUITE 200
City-St-Zip: DOUGLASVILLE, GA 30133

Title: T ( ) Delete
Name: ARNETT, WILFRED
Address: 4040 BANKHEAD HWY SUITE 200
City-St-Zip: DOUGLASVILLE, GA 30133

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:

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

SIGNATURE: DAVID THOMPSON V 03/13/2009

Electronic Signature of Signing Officer or Director — Date