## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006499

Entity Name: UNITED CAPITAL FINANCIAL ADVISERS, INC.

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 500 NEWPORT CENTER DRIVE SECOND FLOOR NEWPORT BEACH, CA 92660 **Current Mailing Address: New Mailing Address:** 500 NEWPORT CENTER DRIVE SECOND FLOOR NEWPORT BEACH, CA 92660 FEI Number: 20-1847610 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: CFO (X) Change ( ) Addition Name: DURAN, JOSEPH J Name: DURAN, JOSEPH J 500 NEWPORT CENTER DRIVE, SECOND FLOOR 500 NEWPORT CENTER DRIVE, SECOND FLOOR Address: Address: City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: NEWPORT BEACH, CA 92660 DΡ Title: Title: () Delete () Change () Addition BOMMARITO, PATRICK M Name: Name: 500 NEWPORT CENTER DRIVE, SECOND FLOOR Address: Address: City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: ( ) Delete Title: Title: () Change () Addition DOEDE, ROBERT W Name: Name: 500 NEWPORT CENTER DRIVE, SECOND FLOOR Address: Address: NEWPORT BEACH, CA 92660 City-St-Zip: City-St-Zip: Title: scco () Delete Title: SECR (X) Change ( ) Addition WESTMAN, CARYN L WESTMAN, CARYN L Name: Name: Address: 500 NEWPORT CENTER DRIVE, SECOND FLOOR Address: 500 NEWPORT CENTER DRIVE, SECOND FLOOR City-St-Zip: City-St-Zip: NEWPORT BEACH, CA 92660 NEWPORT BEACH, CA 92660 Title: CFO Title: () Change () Addition ( ) Delete Name: ROTH, GARY Name: 500 NEWPORT CENTER DRIVE, SECOND FLOOR Address: Address:

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:

SIGNATURE: CARYN WESTMAN SECR 03/24/2009

City-St-Zip:

NEWPORT BEACH, CA 92660