

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000005316

FILED
Feb 11, 2008
Secretary of State**Entity Name:** UST SECURITIES CORP.**Current Principal Place of Business:**499 WASHINGTON BLVD
NEWPORT OFFICE; OFFICE CTR III
JERSEY CITY, NJ 07310**New Principal Place of Business:****Current Mailing Address:**401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC 28255**New Mailing Address:****FEI Number:** 22-2413670**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ABRAMS, JEFFREY A
132 ROYAL PALM WAY
FL5-800-02-09
PAL BEACH, FL 33480 US**Name and Address of New Registered Agent:**ABRAMS, JEFFREY A
132 ROYAL PALM WAY
FL5-800-02-09
PALM BEACH, FL 33480 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:

02/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DOTO, ROBERT A
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SVP () Delete
Name: MROZ, GREG S
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: SEC () Delete
Name: LINDSLEY, RAYMOND V
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: TREA () Delete
Name: LINDSLEY, RAYMOND V
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D () Delete
Name: BRINKMANN, RICHARD R
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

Title: D () Delete
Name: NAPOLI, PAUL K
Address: 401 N TRYON ST; NC1-021-02-20
City-St-Zip: CHARLOTTE, NC 28255

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
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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: GREG S MROZ

SVP

02/11/2008

Electronic Signature of Signing Officer or Director

Date