2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000005501

FILED Sep 11, 2009 Secretary of State

Entity Name: U.S. TRAINING CENTER, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
850 PUDDII MOYOCK, N	N RIDGE ROA NC 27958	D				
Current Mailing Address:			New Mailing Address:			
P.O. BOX 1029 MOYOCK, NC 27958						
FEI Number:	52-2009526	FEI Number Applied For () FEI	Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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						
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	P ()[Delete	Title:	D (X) Change () Addition		
Name:	GIBSON, JEFF	05.0045	Name:	PRINCE, ERIK		
Address: City-St-Zip:	850 PUDDIN RID MOYOCK, NC 2		Address: City-St-Zip:	901 NORTH GLEB RD. SUITE 901 ARLINGTON, VA 22203 US		
Title:	. ,	Delete	Title:	P (X) Change () Addition		
Name: Address:	SIERAWSKI, JIN 850 PUDDIN RID		Name: Address:	SIERAWSKI, JIM 850 PUDDIN RIDGE ROAD		
City-St-Zip:	MOYOCK, NC 2		City-St-Zip:	MOYOCK, NC 27958		
Title:	S ()[Delete	Title:	VP (X) Change () Addition		
Name:	HOWELL, ANDY		Name:	LADELFA, JOHN		
Address: City-St-Zip:	850 PUDDIN RID MOYOCK, NC 2		Address: City-St-Zip:	850 PUDDIN RIDGE ROAD MOYOCK, NC 27958		
Title: Name:	1 ()	Delete	Title: Name:	S () Change (X) Addition ROITZ, FRED		
Address:			Address:	850 PUDDIN RIDGE ROAD		
City-St-Zip:			City-St-Zip:	MOYOCK, NC 27958		
Title:	1 ()	Delete	Title:	T () Change (X) Addition		
Name: Address:			Name: Address:	BURKE, ADAM 850 PUDDIN RIDGE ROAD		
City-St-Zip:			City-St-Zip:	MOYOCK, NC 27958		

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: JIM SIERAWSKI P 09/11/2009