

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002840

FILED
May 05, 2009
Secretary of State

Entity Name: UNITEDLEX CORPORATION

Current Principal Place of Business:

1201 PEACHTREE ST., NE 400 COLONY SQUARE
SUITE 200
ATLANTA, GA 30351

New Principal Place of Business:

Current Mailing Address:

1201 PEACHTREE ST., NE 400 COLONY SQUARE
SUITE 200
ATLANTA, GA 30351

New Mailing Address:

FEI Number: 20-5529066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHANDRA, RAHUL
Address: VATIKA TOWERS, SECTOR 54, BLOCK B ,9 FLOOR
City-St-Zip: GURGAON 122002, INDIA,

Title: D () Delete
Name: MITTAL, ALOK
Address: VATIKA TOWERS, DLF GOLD COURSE RD. SEC.54
City-St-Zip: GURGAON 122002, INDIA,

Title: D () Delete
Name: ROGERS, RODNEY
Address: 1560 SAWGRASS CORPORATE PKWY, 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

Title: CEOD () Delete
Name: REED, DANIEL E.
Address: 1201 PEACHTREE ST., NE 400 COLONY SQUARE
City-St-Zip: ATLANTA, GA 30351

Title: COO () Delete
Name: BHASIN, ANUP
Address: 1ST FLOOR, TOWER A, BLDG 6 W BLOCK PH III
City-St-Zip: GURGAON 122002 INDIA,

Title: CSOD () Delete
Name: AGRUWAI, AJAY
Address: 1ST FL, TOWER A, BLDG 6 W BLOCK PH III
City-St-Zip: GURGAON 122002 INDIA,

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:

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: S. SIMONS AS ATTORNEY-IN-FACT

D

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date