

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003665

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** UNITED TELEMAGEMENT CORPORATION

**Current Principal Place of Business:**

6450 POE AVE, SUITE 401  
DAYTON, OH 45414

**New Principal Place of Business:**

**Current Mailing Address:**

6450 POE AVE, SUITE 401  
DAYTON, OH 45414

**New Mailing Address:**

**FEI Number:** 31-1299223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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:** PD  
**Name:** CAMPBELL, DONALD  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

**Title:** STD  
**Name:** SEGI, PETER  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

**Title:** CEOD  
**Name:** HENLEY, TERRY  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

**Title:** D  
**Name:** ROBERT, PFAHL  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

**Title:** D  
**Name:** KOKLADAS, CHRIS  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

**Title:** COOD  
**Name:** GULLEDGE, ROBERT  
**Address:** 6450 POE AVE, SUITE 401  
**City-St-Zip:** DAYTON, OH 45414

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES A. BUSSE, CPA

CPA

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date