

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 048 ***150.00

DOCUMENT # F95000000055 1. Entity Name UNITED ELECTRONIC SERVICES, INC.					
Principal Place of Business 816 MONUMENT STREET DANVILLE, VA 24541 US			Mailing Address 2801 W. TYVOLA ROAD CHARLOTTE, NC 28217-4500 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 54-1682897			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELK, JOHN M 2801 W. TYVOLA RD. CHARLOTTE, NC 282174500 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELK JR, THOMAS M 2801 W TYVOLA ROAD CHARLOTTE, NC 282174500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELK, JOHN ROBERT 2801 W TYVOLA ROAD CHARLOTTE, NC 282174500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITTS, RALPH A 2801 W TYVOLA RD CHARLOTTE, NC 282174500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELK, H W MCKAY 2801 W TYVOLA ROAD CHARLOTTE, NC 282174500 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HAGOOD, H DAN 816 MONUMENT ST DANVILLE, VA 24541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		4/26/06		(704) 357-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT
UNITED ELECTRONIC SERVICES, INC.

40073 106
F95000000055

11. ADDITIONAL OFFICERS AND DIRECTORS

TITLE:	Director
NAME:	J. K. Glenn, Jr.
STREET ADDRESS:	1540 Silas Parkway
CITY-ST-ZIP	Winston-Salem, NC 27127

TITLE:	Executive Vice President
NAME:	Brian T. Marley
STREET ADDRESS:	2801 W Tyvola Road
CITY-ST-ZIP	Charlotte, NC 28217-4500

TITLE:	Assistant Secretary
NAME:	Luther T. Moore
STREET ADDRESS:	2801 W Tyvola Road
CITY-ST-ZIP	Charlotte, NC 28217-4500

TITLE:	Controller
NAME:	Adam M. Orvos
STREET ADDRESS:	2801 W Tyvola Road
CITY-ST-ZIP	Charlotte, NC 28217-4500

TITLE:	Treasurer
NAME:	Oded Shein
STREET ADDRESS:	2801 W Tyvola Road
CITY-ST-ZIP	Charlotte, NC 28217-4500

TITLE:	Assistant Treasurer
NAME:	Kevin C. Binkley
STREET ADDRESS:	2801 W Tyvola Road
CITY-ST-ZIP	Charlotte, NC 28217-4500