

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003377

Entity Name: UTI CORPORATION

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

200 W 7TH AVE
COLLEGEVILLE, PA 19426

New Principal Place of Business:

Current Mailing Address:

200 W 7TH AVE
COLLEGEVILLE, PA 19426

New Mailing Address:

FEI Number: 23-1721795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: SPARKS, RON
Address: 200 W 7TH AVE
City-St-Zip: COLLEGEVILLE, PA 19426

Title: DVP () Delete
Name: ROGERS, BRUCE
Address: 1515 ARAPAHOE STREET
City-St-Zip: DENVER, CO 80202

Title: VP () Delete
Name: NEUMANN, STEVE
Address: 1515 ARAPAHOE STREET
City-St-Zip: DENVER, CO 80202

Title: ST () Delete
Name: FISHER, STEWART A
Address: 200 W 7TH AVE
City-St-Zip: COLLEGEVILLE, PA 19426

Title: DCFO () Delete
Name: FISHER, STEWART A
Address: 200 W. 7TH AVE.
City-St-Zip: COLLEGEVILLE, PA 19426

Title: ASAT (X) Delete
Name: LEMKER, THOMAS F
Address: 200 W. 7TH AVE.
City-St-Zip: COLLEGEVILLE, PA 19426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SPARKS, RON
Address: 100 FORDHAM ROAD
City-St-Zip: WILMINGTON, MA 01887

Title: D (X) Change () Addition
Name: MATHEWS, TIMOTHY
Address: 100 FORDHAM ROAD
City-St-Zip: WILMINGTON, MA 01887

Title: ASAT (X) Change () Addition
Name: LEMKER, THOMAS F
Address: 200 WEST 7TH AVENUE
City-St-Zip: COLLEGEVILLE, PA 19426

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 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: THOMAS F. LEMKER

ASAT

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date