2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# F96000002975

Entity Name: UNIVERSAL BANCORP SERVICES, INC.

Current Principal Place of Business:

14000 CITICARD WAY
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 30509
ATTN: TAX & REPORTING
TAMPA, FL 33631 US

New Mailing Address:

FEI Number: 59-3378910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT.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: PD
Name: BAGEANT-EPPERSON, KRISTI N
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VPTD
Name: GEHLEN, MICHAEL
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VPD
Name: VARNADORE, EVELYN
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VPS
Name: NELSON, JULIE
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: ASST
Name: HOFFMAN, LISA A
Address: 3800 CITIGROUP CENTER
City-St-Zip: TAMPA, FL 33610 US

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: LISA A HOFFMAN ASST 04/02/2010

Electronic Signature of Signing Officer or Director Date