2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005129

Title:

Name:

Address:

City-St-Zip:

Entity Name: UNIVERSAL TECHNICAL INSTITUTE OF PHOENIX, INC.

FILED May 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20410 N. 19TH AVE 20410 N 19TH AVE STE 200 SUITE 200 PHOENIX, AZ 85027 PHOENIX, AZ 85027 **Current Mailing Address: New Mailing Address:** 20410 N 19TH AVE STE 200 20410 N. 19TH AVE SUITE 200 PHOENIX, AZ 85027 PHOENIX, AZ 85027 FEI Number: 86-0891802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COBD CHRM () Delete Title: (X) Change () Addition WHITE, JOHN C Name: Name: WHITE, JOHN C 20410 N. 19TH AVENUE, #200 20410 N 19TH AVE STE 200 Address: Address: City-St-Zip: PHOENIX, AZ 85027 US City-St-Zip: PHOENIX, AZ 85027 US **VCHR** Title: DΡ (X) Change () Addition Title: () Delete Name: MCWATERS, KIMBERLY J Name: MCWATERS, KIMBERLY J 20410 N. 19TH AVE, STE #200 20410 N 19TH AVE STE 200 Address: Address: PHOENIX, AZ 85027 US PHOENIX, AZ 85027 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: ASBC () Delete ASGC FREED, CHAD A FREED, CHAD A Name: Name: 20410 N. 19TH AVENUE, #200 20410 N 19TH AVE STE 200 Address: Address: City-St-Zip: PHOENIX, AZ 85027 US City-St-Zip: PHOENIX, AZ 85027 US

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MANDELINE HENDRICKS POA 05/07/2009

() Delete

() Change (X) Addition

PUTNAM, EUGENE

20410 N 19TH AVE STE 200

PHOENIX, AZ 85027 US