

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90212 048 ***150.00

DOCUMENT # F99000002299

1. Entity Name
NU SKIN ENTERPRISES UNITED STATES, INC.



Principal Place of Business
**75 WEST CENTER STREET
PROVO, UT 84601**

Mailing Address
**75 WEST CENTER STREET
PROVO, UT 84601**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number
87-0627049

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUNT, TRUMAN**
STREET ADDRESS **75 W CENTER STREET**
CITY-ST-ZIP **PROVO, UT 84601**

TITLE **P** ☐ Delete
NAME **SCHWEDT, SCOTT**
STREET ADDRESS **75 W CENTER STREET**
CITY-ST-ZIP **PROVO, UT 84601**

TITLE **D** ☐ Delete
NAME **WOOD, RITCH**
STREET ADDRESS **75 W CENTER STREET**
CITY-ST-ZIP **PROVO, UT 84601**

TITLE **CFOV** ☒ Delete
NAME **WOOD, RICH**
STREET ADDRESS **75 W CENTER ST**
CITY-ST-ZIP **PROVO, UT 84601**

TITLE **S** ☒ Delete
NAME **DORNY, MATTHEW**
STREET ADDRESS **75 W CENTER ST**
CITY-ST-ZIP **PROVO, UT 84601**

TITLE **GM** ☒ Delete
NAME **SCHWERDT, SCOTT**
STREET ADDRESS **75 W CENTER ST**
CITY-ST-ZIP **PROVO, UT 84601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **Scott Schwerdt**
STREET ADDRESS **75 W Center St.**
CITY-ST-ZIP **Provo, UT 84601**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Larry Bismucci**
STREET ADDRESS **75 W Center St.**
CITY-ST-ZIP **Provo, UT 84601**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Brian Lords**
STREET ADDRESS **75 W Center St.**
CITY-ST-ZIP **Provo, UT 84601**

TITLE **Vice Chairman** ☐ Change ☒ Addition
NAME **Ritch Wood**
STREET ADDRESS **75 W Center St.**
CITY-ST-ZIP **Provo, UT 84601**

TITLE **Chairman** ☐ Change ☒ Addition
NAME **M Truman Hunt**
STREET ADDRESS **75 W Center St**
CITY-ST-ZIP **Provo, UT 84601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

(801) 345-3825

Daytime Phone #