


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 013 ***150.00

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| DOCUMENT # F99000003820 1. Entity Name UNITED GROUP SERVICE CENTERS, INC. |  |
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ZUUS9600

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|--|--|
| Principal Place of Business 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 | Mailing Address 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 |
|--|--|

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 75-2270295 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

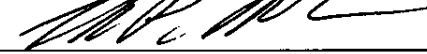
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JENSEN, JEFFREY 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S PAGEL, CINDY D 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T FRIEDMAN, GARY 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WOLFE, RALPH 3801 WILLIAM D TATE #800 GRAPEVINE, TX 76051 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/5/05** **817-310-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #