

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003820

FILED
Mar 19, 2009
Secretary of State

Entity Name: UNITED GROUP SERVICE CENTERS, INC.

Current Principal Place of Business:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

130 E JOHN CARPENTER FREEWAY
IRVING, TX 75062

New Mailing Address:

FEI Number: 75-2270295 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: PD () Delete
Name: JENSEN, JEFFREY
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: S () Delete
Name: PAGEL, CINDY D
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: T () Delete
Name: FRIEDMAN, GARY
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: VP () Delete
Name: WOLFE, RALPH
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PLACE, SUSAN
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LETIER, SCOTT
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

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.

SIGNATURE: RALPH WOFLE

VP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date