

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003820

FILED  
Jan 26, 2010  
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  
Name: JENSEN, JEFFREY  
Address: 130 E JOHN CARPENTER FREEWAY  
City-St-Zip: IRVING, TX 75062

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

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

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

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

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: RALPH WOLFE

VP

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date