

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19679

FILED  
Mar 18, 2010  
Secretary of State

Entity Name: UNITED SOLUTIONS COMPANY

**Current Principal Place of Business:**

1605 E PLAZA DR  
STE 102  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

1585 SUMMIT LAKE DRIVE  
TALLAHASSEE, FL 32317 US

**Current Mailing Address:**

P O BOX 5496  
TALLAHASSEE, FL 32314 US

**New Mailing Address:**

1585 SUMMIT LAKE DRIVE  
TALLAHASSEE, FL 32317 US

FEI Number: 59-2285914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, F. PALMER  
2010 DELTA BLVD.  
TALLAHASSEE, FL 32303 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: T/D  
Name: MCCASKEY, MARION J  
Address: 345 SOUTH MAGNOLIA DRIVE, SUITE F-1  
City-St-Zip: TALLAHASSEE, FL 32301

Title: CFO  
Name: MCGOWAN, DAN  
Address: 1585 SUMMIT LAKE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: P  
Name: GIACOBBE, JAMES L  
Address: 1585 SUMMIT LAKE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: PIOTROWSKI, WILLIAM  
Address: 93 SANDY CREEK ROAD  
City-St-Zip: HAVANA, FL 32333

Title: D  
Name: MAYFIELD, M. THOMAS  
Address: 1264 BULOXI COURT  
City-St-Zip: GRAYSON, GA 30017

Title: S  
Name: MCCASKEY, MARION J  
Address: 345 SOUTH MAGNOLIA DRIVE, SUITE F-1  
City-St-Zip: TALLAHASSEE, FL 32301

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: JAMES L. GIACOBBE

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03/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date