

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48583

FILED
Mar 30, 2009
Secretary of State

Entity Name: US CAPITAL FINANCIAL SERVICES, INC.

Current Principal Place of Business:

3206 WEST AZELE STREET
TAMPA, FL 33609 US

New Principal Place of Business:

208 N. ARMENIA AVENUE
TAMPA, FL 33609 US

Current Mailing Address:

PO BOX 6602
KINGWOOD, TX 77325

New Mailing Address:

FEI Number: 59-2751849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANRAHAN, IMOGENE Z
3206 WEST AZEELE
TAMPA, FL 33509 US

Name and Address of New Registered Agent:

CRAIG, DENNIS
208 N. ARMENIA AVENUE
TAMPA, FL 33609 US

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: DENNIS CRAIG

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLS, L. G.,
Address: 12506 HONEY CREEK TRAIL
City-St-Zip: HUMBLE, TX 77346

Title: VP () Delete
Name: NICHOLS, MICHELE S
Address: 12506 HONEY CREEK TRAIL
City-St-Zip: HUMBLE, TX 77346

Title: AVP (X) Delete
Name: MIDKIFF, LEE D
Address: 12506 HONEY CREEK TRAIL
City-St-Zip: HUMBLE, TX 77346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICHOLS, L. G.,
Address: 2815 KINGS CROSSING DRIVE
City-St-Zip: KINGWOOD, TX 77345

Title: VPD (X) Change () Addition
Name: NICHOLS, MICHELE S
Address: 12506 HONEY CREEK TRAIL
City-St-Zip: HUMBLE, TX 77346

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

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: MICHELE S. NICHOLS

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date