2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005617 1. Entity Name USGEN HOLDINGS, LLC



FILED
Mar 27, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273

9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273



DO NOT WRITE IN THIS SPACE

02282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3282136

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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			
Filling Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S. OPERATING SERVICES HOLDINGS, LLC 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000680931 04/04/07-80023-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF AGINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-24-2007

704-525-3800

Daytime Phone #