

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001317

FILED
Mar 23, 2009
Secretary of State

Entity Name: USF FINANCING CORPORATION

Current Principal Place of Business:

4202 E. FOWLER AVE.
ADM 280
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

4202 E. FOWLER AVE.
ADM 280
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 20-2865561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVAUX, STEVEN D
GENERAL COUNSEL, UNIVERSITY OF SOUTH FL.
4202 EAST FOWLER AVENUE, ADM 250
TAMPA, FL 33620 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GRIFFIN, MICHAEL
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

Title: D () Delete
Name: JOYCE, JILL
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

Title: D () Delete
Name: WALTERS, CLIFFORD
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

Title: D () Delete
Name: GENSHAFT, JUDY PH.D.
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

Title: D () Delete
Name: CARLUCCI, CARL PH.D.
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

Title: M () Delete
Name: STUBBS, FELL L
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: HYATT, JAMES A
Address: 4202 E. FOWLER AVE., ADM 280
City-St-Zip: TAMPA, FL 33620 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELL L. STUBBS

M

03/23/2009

Electronic Signature of Signing Officer or Director

Date