

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134868

FILED
Jan 25, 2006
Secretary of State

Entity Name: UNITED UNION MEMBER BENEFITS ASSOCIATION, INC.

Current Principal Place of Business:

420 MCGARITY DRIVE
MCDONOUGH, GA 30252 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 59
GRIFFIN, GA 30224 US

New Mailing Address:

FEI Number: 20-0399123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
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: DP () Delete
Name: SANSONETTI, JOSEPH V
Address: 420 MCGARITY DRIVE
City-St-Zip: MCDONOUGH, GA 30252 US

Title: DS () Delete
Name: SANSONETTI, BARBARA J
Address: 420 MCGARITY DRIVE
City-St-Zip: MCDONOUGH, GA 30252 US

Title: D () Delete
Name: WANDERLING, EDMUND P
Address: 6447 W. CERMAK ROAD, SUITE 3
City-St-Zip: BERWYN, IL 60402 US

Title: D () Delete
Name: SALERNO, ALEXANDER M
Address: 6447 W. CERMAK ROAD, SUITE 3
City-St-Zip: BERWYN, IL 30252 US

Title: D () Delete
Name: WERMELING, JOHN
Address: 468 ADDISON
City-St-Zip: ELMHURST, IL 60126 US

Title: OT () Delete
Name: MELVIN, TOM D
Address: P.O. BOX 1323
City-St-Zip: GRIFFIN, GA 30224

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
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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM D MELVIN

OT

01/25/2006

Electronic Signature of Signing Officer or Director

Date