

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000020121

FILED  
Sep 27, 2006  
Secretary of State

**Entity Name:** USG MANAGEMENT SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

14499 N DALE MABRY HWY, STE 215S  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

14499 N DALE MABRY HWY, STE 215S  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 42-1615219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORTON, GERALD W  
14499 N DALE MABRY HWY, STE 215S  
TAMPA, FL 33618 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:** GERALD W HORTON

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PCEO ( ) Delete  
**Name:** HORTON, GERALD W  
**Address:** 14499 N DALE MABRY HWY, STE 215S  
**City-St-Zip:** TAMPA, FL 33618

**Title:** EVP ( ) Delete  
**Name:** HORTON, TIMOTHY  
**Address:** 1910 COCHRAN RD, MANOR OAK # 1, STE 210  
**City-St-Zip:** PITTSBURGH, PA 15220

**Title:** VPT ( ) Delete  
**Name:** WESOLOSKI, GERALD  
**Address:** 14499 N DALE MABRY HWY, STE 215S  
**City-St-Zip:** TAMPA, FL 33618

**Title:** S ( ) Delete  
**Name:** HORTON, SUSAN M  
**Address:** 14499 N DALE MABRY HWY, STE 215S  
**City-St-Zip:** TAMPA, FL 33618

**Title:** AS ( ) Delete  
**Name:** TOMPKINS, A. STUART  
**Address:** 25800 NORTHWESTERN HWY, # 1000  
**City-St-Zip:** SOUTHFIELD, MI 48075

**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:** ( ) 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:** GERALD F. WESOLOWSKI

VP

09/27/2006

Electronic Signature of Signing Officer or Director

Date