

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000077703

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** UNITED STATES INDIVIDUAL SURETY ASSOCIATION, INC.

**Current Principal Place of Business:**

245 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

944 GLENWOOD STATION, SUITE 104  
CHARLOTTESVILLE, VA 22901

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVINE, MARK S  
245 E VIRGINIA STREET  
TALLAHASSEE, FL 32301 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: DIR  
Name: SCARBOROUGH, EDMUND C  
Address: 944 GLENWOOD STATION, SUITE 104  
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: DIR  
Name: SCARBOROUGH, YVONNE  
Address: 944 GLENWOOD STATION, SUITE 104  
City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: DIR  
Name: GOLIA, STEVE  
Address: 1814 EAST ROUTE 70  
City-St-Zip: CHERRY HILL, NJ 08003 US

I hereby 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 all other like empowered.

SIGNATURE: EDMUND SCARBOROUGH

DIR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date