

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90419 040 \*\*\*150.00

**DOCUMENT # P24025**

1. Entity Name  
 UTI, UNITED STATES, INC.



Principal Place of Business  
 900 CUMMINGS CENTER  
 403 T  
 BEVERLY, MA 01915 US

Mailing Address  
 900 CUMMINGS CENTER  
 403 T  
 BEVERLY, MA 01915 US

**50013200**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

11-2394887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
 NAME HEXTALL, JOHN  
 STREET ADDRESS SKYWAY 14 CALDER WAY  
 CITY-ST-ZIP COLNBROOK, SLOUGH, sl3 obq u

TITLE PD  Change  Addition  
 NAME HEXTALL, John  
 STREET ADDRESS 19500 Rancho Way, Suite 116.  
 CITY-ST-ZIP Rancho Dominguez, CA 90220

TITLE DV  Delete  
 NAME DALE, CHRISTOPHER  
 STREET ADDRESS 19500 RANCHO WAY, SUITE 116  
 CITY-ST-ZIP RANCHO DOMINGUEZ, CA 90220

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DS  Delete  
 NAME SAVARESE, STEPHEN C  
 STREET ADDRESS 900 CUMMINGS CENTER, SUITE 403T  
 CITY-ST-ZIP BEVERLY, MA 01915

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DT  Delete  
 NAME BOSUA, GERHARD  
 STREET ADDRESS 48 S SERVICE RD STE 220  
 CITY-ST-ZIP MELVILLE, NY 117473018

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AV  Delete  
 NAME BERNSTEIN, STEVEN T  
 STREET ADDRESS 2975 KENNEY BLVD  
 CITY-ST-ZIP JERSEY CITY, NJ 07306

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AT  Delete  
 NAME O'NEILL, ROBERT  
 STREET ADDRESS 48 S SERVICE RD STE 220  
 CITY-ST-ZIP MELVILLE, NY 117473018

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Stephen C. Savarese, Secretary**

4/6/2006

978-232-9911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #