


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 020 ***150.00

DOCUMENT # P24025
 1. Entity Name
 UTI, UNITED STATES, INC.



40093907



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

2. Principal Place of Business - No P.O. Box #: 100 Oceangate
 3. Mailing Address

Suite, Apt. #, etc.: Suite 1500
 Suite, Apt. #, etc.:

City & State: Long Beach, CA
 City & State:

Zip: 90802 Country: USA
 Zip: Country:

04182008 Chg-P CR2E034 (12/06)

4. FEI Number: 11-2394887
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEXTALL, JOHN	
STREET ADDRESS	19500 RANCHO WAY SUITE 116	
CITY-ST-ZIP	RANCHO DOMINGUEZ, CA 90220	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DALE, CHRISTOPHER	
STREET ADDRESS	19500 RANCHO WAY, SUITE 116	
CITY-ST-ZIP	RANCHO DOMINGUEZ, CA 90220	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SAVARESE, STEPHEN C	
STREET ADDRESS	900 CUMMINGS CENTER, SUITE 403T	
CITY-ST-ZIP	BEVERLY, MA 01915	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BOSUA, GERHARD	
STREET ADDRESS	48 S SERVICE RD STE 220	
CITY-ST-ZIP	MELVILLE, NY 117473018	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, STEVEN T	
STREET ADDRESS	2975 KENNEY BLVD	
CITY-ST-ZIP	JERSEY CITY, NJ 07306	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, ROBERT	
STREET ADDRESS	48 S SERVICE RD STE 220	
CITY-ST-ZIP	MELVILLE, NY 117473018	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'Amico, Lance	
STREET ADDRESS	100 Oceangate, Suite 1500	
CITY-ST-ZIP	Long Beach, CA 90802	
TITLE	Director/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dale, Christopher	
STREET ADDRESS	100 Oceangate, Suite 1500	
CITY-ST-ZIP	Long Beach, CA 90802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Clinton	
STREET ADDRESS	48 South Service Road, Ste 220	
CITY-ST-ZIP	Melville, NY 11747	
TITLE	Assistant Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Descoteaux, Denise	
STREET ADDRESS	5192 Southbridge Parkway, Ste 117	
CITY-ST-ZIP	Atlanta, GA 30349	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: Stephen C Savarese, Director/Secretary 4/18/2008 978-232-9911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #