

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2003 8:00 am
Secretary of State

09-16-2003 90005 036 ***750.00

0118927 AT

DOCUMENT # P24025

1. Entity Name
UTI, UNITED STATES, INC.



Principal Place of Business
**1660 WALT WHITMAN ROAD
MELVILLE NY 11747
US**

Mailing Address
**1660 WALT WHITMAN ROAD
MELVILLE NY 11747
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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 **THORRINGTON, PETER**
STREET ADDRESS **19443 LAUREL PARK ROAD STE 111**
CITY-ST-ZIP **COMPTON CA 90220**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☒ Delete
NAME **BARENDSE, THURSO**
STREET ADDRESS **1660 WALT WHITMAN ROAD**
CITY-ST-ZIP **MELVILLE NY**

TITLE **VP of Finance & Treasurer** ☒ Change ☐ Addition
NAME **Bernhard Bosua**
STREET ADDRESS **1660 Walt Whitman Rd**
CITY-ST-ZIP **Melville NY 11747**

TITLE **D** ☒ Delete
NAME **MACFARLANE, ROGER**
STREET ADDRESS **19443 LAUREN PARK RD. STE 107**
CITY-ST-ZIP **RANCHO DOMINGUEZ CA**

TITLE **Director & President** ☒ Change ☐ Addition
NAME **Peter Thornington**
STREET ADDRESS **19443 Laurel Park Rd Ste 111**
CITY-ST-ZIP **Rancho Dominguez Ca**

TITLE **S** ☐ Delete
NAME **SAVARESE, STEVE**
STREET ADDRESS **120 EASTERN AVE**
CITY-ST-ZIP **CHELSEA MA 02150**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **GIAMETTA, LINDA**
STREET ADDRESS **1 JOHNSON ROAD**
CITY-ST-ZIP **LAWRENCE NY 11559**

TITLE **Treasurer & V.P.** ☒ Change ☐ Addition
NAME **Bernhard Bosua**
STREET ADDRESS **1660 Walt Whitman Rd**
CITY-ST-ZIP **Melville NY 11747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/03

Date Daytime Phone #

CR2E034 (4/03)