

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 039 ****61.25

DOCUMENT # P30384

1. Corporation Name

UNITED SAVERS ASSOCIATION INCORPORATED

Principal Place of Business

1600 PROMENADE CENTER
STE 1050
RICHARDSON TX 75083
US

Mailing Address

1600 PROMENADE CENTER
STE 1050
RICHARDSON TX 75075
US



2. Principal Place of Business

21 300 N. COIT RD.

Suite, Apt. #, etc.

22 SUITE 1050

City & State

23 RICHARDSON, TEXAS

Zip

24 75080

Country

25 U.S.A.

2a. Mailing Address

26 300 N. COIT RD

Suite, Apt. #, etc.

27 SUITE 1050

City & State

28 RICHARDSON, TEXAS

Zip

29 75080

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/17/1990

4. FEI Number

75-2109761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
KATOSIC, GEORGE R
STREET ADDRESS 2401 TIMBER CREEK DR
CITY-ST-ZIP PLANO TX 75075

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
NORED, ANNE M
STREET ADDRESS 205 SEIS LAGOS DR
CITY-ST-ZIP WYLLIE TX 75098

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD
KATOSIC, BARBARA A
STREET ADDRESS 2401 TIMBER CREEK DR
CITY-ST-ZIP PLANO TX 75075

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
KATOSIC, MITCHELL M
STREET ADDRESS 1313 BERYL ST, UNIT D
CITY-ST-ZIP REDONDO BEACH CA 90277

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANNE M. NORED

Date

4/21/99

Daytime Phone #

912/664-9170

CR2E037 (11/98)