

**2005 NOT-FOR-PROFIT-CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P30384**

1. Entity Name  
**UNITED SAVERS ASSOCIATION INCORPORATED**



Principal Place of Business  
**300 N. COIT RD STE 1050  
RICHARDSON, TX 75080 US**

Mailing Address  
**300 N. COIT RD STE 1050  
RICHARDSON, TX 75080 US**



02162005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2109761**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE VD  
NAME NORED, ANNE M  
STREET ADDRESS 300 N. COIT RD., STE 1050  
CITY-ST-ZIP RICHARDSON, TX 75080

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

TITLE TD  
NAME KATOSIC, MITCHELL M  
STREET ADDRESS 300 N. COIT RD., STE 1050  
CITY-ST-ZIP RICHARDSON, TX 75080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000272129  
06/21/05-80075-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George R. Katosic* **George R. Katosic** **2-16-05**

Date

Daytime Phone #