

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041092

FILED
Mar 24, 2009
Secretary of State

Entity Name: USL, INC.

Current Principal Place of Business:

6220 S ORANGE BLOSSOM TRAIL SUITE 600
ORLANDO, FL 32809 US

New Principal Place of Business:

5767 MAJOR BLVD
SUITE 2
ORLANDO, FL 32819 US

Current Mailing Address:

6220 S ORANGE BLOSSOM TRAIL SUITE 600
ORLANDO, FL 32809 US

New Mailing Address:

5767 MAJOR BLVD
SUITE 2
ORLANDO, FL 32819 US

FEI Number: 59-3392556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHN, STEVE P
6220 S ORANGE BLOSSOM TRAIL SUITE 600
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

KOHN, STEVE P
5767 MAJOR BLVD
SUITE 2
ORLANDO, FL 32819 US

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.

SIGNATURE: _____

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SPT () Delete
Name: KOHN, STEVEN P
Address: 615 LAKEHAVEN CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOHN, STEVEN P
Address: 615 LAKEHAVEN CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: ST () Change (X) Addition
Name: KOHN, SHARON
Address: 615 LAKEHAVEN CIRCLE
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON KOHN

ST

03/24/2009

Electronic Signature of Signing Officer or Director

Date