

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000011159

Entity Name: UTILITY SEALING SYSTEMS, INC.

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

752 COMMERCE DR STE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

752 COMMERCE DR STE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292

New Mailing Address:

FEI Number: 65-0915486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERLIE, LUCY M
752 COMMERCE DR STE 15
SARASOTA BUSINESS CENTER
VENICE, FL 34292 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WANDER, LLOYD J
Address: 752 COMMERCE DR STE 15
City-St-Zip: VENICE, FL 34292

Title: TS () Delete
Name: SCHAEFER, MARK K
Address: 752 COMMERCE DR STE 15
City-St-Zip: VENICE, FL 34292

Title: PRES () Delete
Name: ANDERLIE, LUCY
Address: 752 COMMERCE DR STE 15
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/CE (X) Change () Addition
Name: ANDERLIE, LUCY M
Address: 752 COMMERCE DR STE 15
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S VP (X) Change () Addition
Name: WANDER, LLOYD J
Address: 752 COMMERCE DR STE 15
City-St-Zip: VENICE, FL 34292

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: LUCY ANDERLIE

Electronic Signature of Signing Officer or Director

P/CE

08/31/2009

_____ Date