
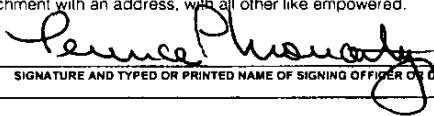


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 036 ***150.00

DOCUMENT # 341360			
1. Entity Name UNITED SITE SERVICES OF FLORIDA, INC.			
Principal Place of Business 7451 NW 63RD ST. MIAMI, FL 33166-3603 US		Mailing Address 7451 NW 63RD ST. MIAMI, FL 33166-3603 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 200 Friberg Pkwy, Ste. 4000	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Westborough, MA	
City & State		City & State	
Zip	Country	Zip	Country
		01581	USA
4. FEI Number 59-1231631		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNABB, TERENCE	NAME	Mc Nabb, Terr ence
STREET ADDRESS	30 POSSUM WAY	STREET ADDRESS	251 Luce Hill Road, No. 56
CITY-ST-ZIP	DUXBURY, MA 02332	CITY-ST-ZIP	Stowe, VT 05672
TITLE	S <input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARLENGAS, RONALD	NAME	Bruce, Kevin P.
STREET ADDRESS	18 RED GAP ROAD	STREET ADDRESS	200 Friberg Parkway, Suite 4000
CITY-ST-ZIP	WILBRAHAM, MA 01095	CITY-ST-ZIP	Westborough, MA 01581
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLORA, TERRY	NAME	Johnson, Edward
STREET ADDRESS	200 FRIBERG PKWY STE 4000	STREET ADDRESS	One Madison Avenue, 11th Floor
CITY-ST-ZIP	WESTBOROUGH, MA 01581	CITY-ST-ZIP	New York, NY 10010
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLM, MICHAEL	NAME	Holm, Michael
STREET ADDRESS	7451 NW 62ND ST	STREET ADDRESS	7451 NW 63rd Street
CITY-ST-ZIP	MIAMI, FL 33166	CITY-ST-ZIP	Miami, FL 33166-3603
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORIARTY, TERENCE P	NAME	Rattner, Steven
STREET ADDRESS	200 FRIBERG PARKWAY	STREET ADDRESS	One Madison Avenue, 11th Floor
CITY-ST-ZIP	WESTBOROUGH, MA 01581	CITY-ST-ZIP	New York, NY 10010
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAN FRATELLO, MARK	NAME	Sprott, Ryan
STREET ADDRESS	200 FRIBERG PARKWAY	STREET ADDRESS	One Madison Avenue, 11th Floor
CITY-ST-ZIP	WESTBOROUGH, MA 01581	CITY-ST-ZIP	New York, NY 10010
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/28/08 508-594-2667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Terence P. Moriarty		Daytime Phone #	