CORPORATION
ANNUAL REPORT
1984

1. Name and Address of Corporation Principal Office

100009
UNITED STATES CORPORATION COMPANY
70 PINE STREET
NEW YORK N Y 10270

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

07/15/1925

4. Federal Employer Identification Number (FEIN)

13-149456

5. Date of Last Report

01/20/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

<table>
<thead>
<tr>
<th>Names of Officers and Directors</th>
<th>Title</th>
<th>Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTER, DANIEL S</td>
<td>V/D</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>KIERNAN, GARVIN</td>
<td>P/D</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>MCNEALY, CATHERINE</td>
<td>S</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>MURPHY, HATTIE F</td>
<td>T</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
</tbody>
</table>

Registered Agent Information

7. Name and Address of Current Registered Agent

VARNUM, JANIE R.
108 EAST THIRD AVE.
TALLAHASSEE, FL. 32303

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on

SIGNATURE
(Registered Agent Accepting Appointment)

DATE

$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S.
I further certify that I understand my signature on this report shall have the same legal effect as if made under oath.

Signature

Typed Name: MURPHY
Title: TREASURER
Phone Number: 212-952-0400

11. Should you desire a certificate of status check the box below and include an additional $3.00 with your payment

CERTIFICATE OF STATUS DESIRED

$5.00 additional fee required for certificates