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Annual Report

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Filed 6-5-64

2 pgs.

1st Copy

# Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida  
Secretary of State  
Tallahassee, Florida

Refer to This Number  
in All Correspondence

This return is due  
on July 1

78-30-4-100300

DELINQUENT  
AFTER 30 DAYS

A-9-TT

UNITED STATES CORPORATION COMPANY  
50 BROADWAY BROAD STREET  
NEW YORK 4 NEW YORK

1. UNITED STATES CORPORATION COMPANY  
(Give exact name of corporation)

2. Representation of corporations  
(General nature of business)

3. 50 Van Buren Street Tallahassee (City) Leon (County) Florida (State)  
(Street or Post Office Box of principal place of business)

4. a. David H. Jackson President ALL (Address)  
(Officers-Name) (Title)

b. Charles N. Caldwell Vice President New York  
c. Daniel A. Baldo Vice President  
d. Gerrit J. Larran Secretary  
John Bonfatti Treasurer

5. a. \_\_\_\_\_ (Directors - Name) (Law requires at least (3) three) (Address)  
b. Raymond J. Roman ALL - 50 Broad Street  
c. David H. Jackson  
d. John Bonfatti

6. George G. Crawford 611 Van Buren Street Tallahassee  
(Resident Agent Name) (Address)

I hereby acknowledge acceptance of the appointment as resident agent upon whom service of process may be made. George G. Crawford  
(Signature of resident agent)

7. Last meeting of Directors 12 31 63 (Month - Day - Year)

8. Corporation Active? Yes (Yes or No)

9. Inactivity began \_\_\_\_\_ (Month - Day - Year) (If inactive)

10. If inactive, will corporation begin business in the future? \_\_\_\_\_ (Yes or No)

11. Date Incorporated \_\_\_\_\_ (Month - Day - Year)

12. Date Qualified in Fla. \_\_\_\_\_ (Month - Day - Year) (If foreign corporation)

13. Total Authorized Capital Stock:

<u>100</u> (No. of shares with par value)	<u>\$ 100.00</u> (Par value each)
<u>\$</u>	
<u></u> (No. of shares without par or nominal value)	

14. Outstanding Capital Stock:

<u>5</u> (No. of shares with par value)	<u>\$ 100.00</u> (Par value each)	<u>\$ 500.00</u> (Total value)
<u></u> (No. of shares without par or nominal value)		
(a) Total (a) + (b) + (c)		<u>\$</u>

15. If foreign corporation, give amount of capital employed in Florida. \$ \_\_\_\_\_

16. If foreign corporation, give the number of States in which you do business. \_\_\_\_\_

17. Amount of tax remitted with this return 50.00  
facts to be true and correct as shown by our books.

18. We, the undersigned, certify the above statement of \_\_\_\_\_  
Attest: \_\_\_\_\_ Secretary

STATE OF NEW YORK  
COUNTY OF NEW YORK

Personally appeared before me \_\_\_\_\_ who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed \_\_\_\_\_ day of \_\_\_\_\_ 1963  
Notary Public in and for the County of \_\_\_\_\_ State of New York  
Qualified in New York on \_\_\_\_\_ day of \_\_\_\_\_ 1963  
Filed with New York Secretary of State on \_\_\_\_\_ day of \_\_\_\_\_ 1963  
(Notary Seal) \_\_\_\_\_  
Signature of Notary taking acknowledgment

Send Original and 1st COPY to FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA.  
(SEE INSTRUCTIONS ON BACK OF LAST COPY)

1st COPY