Annual Report

Filed 6-18-87

2 pgs.
CORPORATION
ANNUAL REPORT
1987

100009
UNITED STATES CORPORATION COMPANY
ONE GULF & WESTERN PLAZA
NEW YORK N Y 10023-7773

If above address is incorrect in any way, enter the correct address

A. Date Incorporated or Qualifie To Do Business in Florida 07/15/1925

4. Federal Employer Identification Number (FEIN) 13-6149455

B. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Names of Officers and Directors
   KIERAN, CARVIN P. CO/B One Gulf & Western Plaza NEW YORK, NY
   YUTER, DANIEL S. P/B One Gulf & Western Plaza NEW YORK, NY
   ROSENBERG, CHARLES E/N/P One Gulf & Western Plaza NEW YORK, NY
   DALSON, GRANT S One Gulf & Western Plaza NEW YORK, NY
   CRAIG, STEPHEN V One Gulf & Western Plaza NEW YORK, NY
   BRIGANTI, ANTHONY W. A/N/P 101 Merrick 7 Corp. Park Norwalk, CT

REGISERED AGENT INFORMATION
7. Name and Address of Current Registered Agent
   NEEDLE, ALAN
   225 WEST GEORGIA ST., TALLAHASSEE, FL. 32301

8. Name and Address of New Registered Agent
   Name: NEEDLE, ALAN
   Street Address 1 (Do NOT Use P.O. Box Number): 225 West Georgia St.
   Street Address 2 (Do NOT Use P.O. Box Number): 225 West Georgia St.
   City and State 64: TALLAHASSEE, FL.

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits
   this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida.
   Such change was authorized by resolution duly adopted by its board of directors on
   ________________

   I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE
   (Registered Agent Accepting Appointment)

$1.00 additional fee required for Registered Agent change

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 effects as if made under oath
   (Officer's signature must be listed in Block 9)

Signature

Typed Name of Signing Officer

Anthony W. Briganti

Title

Asst. VP/Asst. Secy

Telephone Number

(203) 647-9101

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

No Additional Fee required for Certificate of Status