Annual Report

Filed 3/31/77

2 pgs.
1. Name and Address of Corporation Principal Office:

100009 UNITED STATES CORPORATION COMPANY
70 PINE STREET
NEW YORK NY 10005

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

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: 07/15/1926

4. Federal Employer Identification Number (FEIN): 13-6149435

5. Date of Last Report: 1976

6. Names and Street Addresses of Each Officer and Director

<table>
<thead>
<tr>
<th>Names of Officers and Directors</th>
<th>Title</th>
<th>Director (s)</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>JACKMAN, DAVID M</td>
<td>PRES</td>
<td>DIR 70 PINE ST</td>
<td>NEW YORK, NY</td>
<td></td>
</tr>
<tr>
<td>KIERNAN, GARVIN P</td>
<td>VP</td>
<td>DIR 70 PINE ST</td>
<td>NEW YORK, NY</td>
<td></td>
</tr>
<tr>
<td>MCNEALY, CATHERINE E</td>
<td>SEC</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
<td></td>
</tr>
<tr>
<td>DE MATTINA, JOHN</td>
<td>TRED</td>
<td>DIR 70 PINE ST</td>
<td>NEW YORK, NY</td>
<td></td>
</tr>
</tbody>
</table>

7. Registered Agent Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address (Do NOT Use P.O. Box Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOORE, EDGAR M.</td>
<td>650 BARNETT BANK BLDG.</td>
</tr>
<tr>
<td>City, State and Zip Code</td>
<td>TALLAHASSEE, FL 32302</td>
</tr>
</tbody>
</table>

If you wish to change Registered Agent on this form, enter all new information here

An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I certify that I am an officer of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607 F.S. I further certify that I understand my signature on this report shall have the same legal effect as if made under oath.

Typed Name: DE MATTINA   Title: TREASURER
Phone Number: 711-45-01000
Date: 7/11/77

This report must be accompanied by the $5 fee.