STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1977

1. Name and Address of Corporation Principal Office:
   100009 UNITED STATES CORPORATION COMPANY
   70 PINE STREET
   NEW YORK NY 10005

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 07/15/1923
4. Federal Employer Identification Number (FEIN) 13-6169455
5. Date of Last Report 1970

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 H</td>
<td>PRES</td>
<td>DIR</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>KIERNAN, GARVIN P</td>
<td>VP</td>
<td>DIR</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>MCNEALY, CATHARINE E</td>
<td>SEC</td>
<td></td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</td>
</tr>
<tr>
<td>DE MATTINA, JOHN</td>
<td>TREA</td>
<td>DIR</td>
<td>70 PINE ST</td>
<td>NEW YORK, NY</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>
<th>City, State and Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOORE, EDGAR M.</td>
<td>850 BARNETT BANK BLDG.</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: Troxler												Scenario
Signature: Troxler
Title: TREASURER
Telephone Number: 914-90-0600
Date: 11/11/77

THIS REPORT MUST BE ACCOMPANIED BY THE $5 FEE