

**2002 UNIFORM BUSINESS REPORT (UBR)**

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0616454 AT

**DOCUMENT # 849177**  
 1. Entity Name  
**USI ADMINISTRATORS, INC.**

**FILED**  
 02 APR 26 PM 3:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4150 INTERNATIONAL PLAZA., #900**      **50 CALIFORNIA ST.**  
**FT WORTH TX 76109**      **24TH FLOOR**  
**US**      **SAN FRANCISCO CA 94111**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**23-2176124**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GALLAGHER, JAMES F</b>	
STREET ADDRESS	<b>7120 SERRANO DR.</b>	
CITY-ST-ZIP	<b>FT WORTH TX</b>	
TITLE	<b>CFOT</b>	<input type="checkbox"/> Delete
NAME	<b>SHERLOCK, CHRISTOPHER M</b>	
STREET ADDRESS	<b>4150 INTERNATIONAL PLAZA., #900</b>	
CITY-ST-ZIP	<b>FT WORTH TX 76109</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KELLEY, JUDY N</b>	
STREET ADDRESS	<b>4150 INTERNATIONAL PLAZA., #900</b>	
CITY-ST-ZIP	<b>FT WORTH TX 76109</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>PENNINGTON, JAMES M</b>	
STREET ADDRESS	<b>4150 INTERNATIONAL PLAZA., #900</b>	
CITY-ST-ZIP	<b>FT WORTH TX 76109</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MIZEL, BERNARD H</b>	
STREET ADDRESS	<b>50 CALIFORNIA STREET., 24TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94111</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAHILL, THOMS P</b>	
STREET ADDRESS	<b>435 LATHAM STREET., #100</b>	
CITY-ST-ZIP	<b>RIVERSIDE CA 92501</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAHILL, THOMAS P</b>	
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judy N. Kelley*      **SIGNATURE REQUIRED**      **JUDY N. KELLEY**      1/14/02      (817) 787-1753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

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ACCOUNT NO. : 072100000032  
 REFERENCE : 549650 7139998  
 AUTHORIZATION : *Patricia Puyot*  
 COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2002  
 ORDER TIME : 11:24 AM  
 ORDER NO. : 549650-040  
 CUSTOMER NO: 7139998  
 CUSTOMER: Mr. Chad Wiechers  
 Usi Holdings, Inc.  
 24th Floor  
 50 California Street  
 San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: USI ADMINISTRATORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 02 APR 26 PM 12:11  
 DIVISION OF CORPORATION