FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 26 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004637 (5)

1. Corporation Name
USC SUBSIDIARY, INC.

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. CHICAGO IL 60611	900 N. MICHIGAN AVE. CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-3912080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	PCEOD ☒ Change ☐ Addition
NAME	DOMINSKI, MATTHEW S	1.2 NAME	Dominski, Matthew S.
STREET ADDRESS	900 N. MICHIGAN AVE.	1.3 STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	CHICAGO IL 60611	1.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	EVP	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAVER, DANIEL J	2.2 NAME	100001391391
STREET ADDRESS	900 N. MICHIGAN AVE.	2.3 STREET ADDRESS	-01/27/95--01059--007
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	EVP	3.1 TITLE	☐ Change ☐ Addition
NAME	CZECH, JAMES L	3.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	3.4 CITY-ST-ZIP	
TITLE	SVGS	4.1 TITLE	☐ Change ☐ Addition
NAME	HILBORN, MICHAEL,	4.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	4.4 CITY-ST-ZIP	
TITLE	TCFO	5.1 TITLE	☐ Change ☐ Addition
NAME	METZ, ADAM S	5.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	YATES, KEVIN B	6.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an entry.

SIGNATURE: _____ 1/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Kevin B. Yates, Assistant Secretary — Daytime Phone # 312-915-1936

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