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Apr 04 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F93000004637 (5)

1. Corporation Name

USC SUBSIDIARY, INC.



Principal Place of Business

**900 N. MICHIGAN AVE.
CHICAGO IL 60611**

Mailing Address

**900 N. MICHIGAN AVE.
CHICAGO IL 60611-1542**

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

38-3912080

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

(Signature type, do not print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCED** ☐ DELETE
NAME **DOMINSKI, MATTHEW S**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **EVP** ☐ DELETE
NAME **CZECH, JAMES L**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **SVGS** ☐ DELETE
NAME **HILBORN, MICHAEL**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **TCFO** ☐ DELETE
NAME **METZ, ADAM S**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **AS** ☒ DELETE
NAME **YATES, KEVIN B**
STREET ADDRESS **900 N. MICHIGAN AVE.**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **SVAS**
5.3 STREET ADDRESS **Dennis Zaslavsky**
5.4 CITY-ST-ZIP **900 N. Michigan Ave.
Chicago, IL 60611**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Metz **Treasurer and
Chief Financial Officer**

3/5-97

3/2/97-3569

Date (Type Phone #)

CR2E034 (9/96)