4/14/97

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1996 1998

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	Mailing Address
900 N. MICHIGAN AVE. CHICAGO IL 60611	900 N. MICHIGAN AVE. CHICAGO IL 60611

3. Date Incorporated or Qualified: **10/14/1993**

3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **36-3912080**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

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 607.0505, 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. (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PCED	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOMINSKI, MATTHEW S		1.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611		1.4 CITY-ST-ZIP	
TITLE	EVP	XX DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRAVER, DANIEL J		2.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611		2.4 CITY-ST-ZIP	
TITLE	EVP	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	METZ, ADAM S		5.2 NAME	400002517384
STREET ADDRESS	900 N. MICHIGAN AVE.		5.3 STREET ADDRESS	-05/08/98--01080--026
CITY-ST-ZIP	CHICAGO IL 60611		5.4 CITY-ST-ZIP	***150.00
TITLE	AS	X DELETE	6.1 TITLE	Asst. Sec. ☐ Change X Addition
NAME	YATES, KEVIN B		6.2 NAME	Kim Schwartz
STREET ADDRESS	900 N. MICHIGAN AVE.		6.3 STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	CHICAGO IL 60611		6.4 CITY-ST-ZIP	Chicago, IL 60611

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)(k), 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: Kim Schwartz Asst. Sec. 4/29/98 312-915-1931