

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # 100009 (0)

1. Corporation Name
UNITED STATES CORPORATION COMPANY



Principal Place of Business: 1013 CENTRE RD. WILMINGTON DE 19805
Mailing Address: 1013 CENTRE RD. WILMINGTON DE 19805

3. Date Incorporated or Qualified: 07/15/1925
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc	26. 375 HUDSON STREET	13-6149455	Not Applicable
23. City & State	27. 11TH FLOOR	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. NEW YORK NEW YORK	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. 10014	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	ASST. VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, DANIEL R	1.2 NAME	JOHN H. PELLETIER
STREET ADDRESS	1013 CENTRE ROAD	1.3 STREET ADDRESS	375 HUDSON STREET 11TH FLOOR
CITY-STATE-ZIP	WILMINGTON DE 19805	1.4 CITY-STATE-ZIP	NEW YORK NEW YORK 10014
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT & TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINN, BRUCE R	2.2 NAME	BRUCE R. WINN
STREET ADDRESS	1013 CENTRE ROAD	2.3 STREET ADDRESS	1013 CENTRE ROAD
CITY-STATE-ZIP	WILMINGTON DE 19805	2.4 CITY-STATE-ZIP	WILMINGTON DELAWARE 19805
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT & SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, GRANT M	3.2 NAME	WILLIAM G. POPEO
STREET ADDRESS	375 HUDSON ST.	3.3 STREET ADDRESS	1013 CENTRE ROAD
CITY-STATE-ZIP	NEW YORK NY 10014	3.4 CITY-STATE-ZIP	WILMINGTON DELAWARE 19805
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANARIELL, LENA	4.2 NAME	LALOR BURDICK
STREET ADDRESS	1013 CENTRE ROAD	4.3 STREET ADDRESS	1013 CENTRE ROAD
CITY-STATE-ZIP	WILMINGTON DE 19805	4.4 CITY-STATE-ZIP	WILMINGTON DELAWARE 19805
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, MAUREEN	5.2 NAME	HUNTER M. MARVEL
STREET ADDRESS	317 E. 4TH ST. STE. 310	5.3 STREET ADDRESS	1013 CENTRE ROAD
CITY-STATE-ZIP	OLYMPIA WA 98501	5.4 CITY-STATE-ZIP	WILMINGTON DELAWARE 19805
TITLE	AVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	FAHY, BERNADETTE	6.2 NAME	
STREET ADDRESS	33 N. LA SALLE ST. STE. 1925	6.3 STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60602	6.4 CITY-STATE-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)(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 as an attachment with an address

SIGNATURE: *John H. Pelletier* JOHN H. PELLETIER 1/17/96 (212) 463-4670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)