

100009

Annual Report

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Filed 3-31-77

2 pgs.



STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
**CORPORATION ANNUAL REPORT**

**1977**

Bruce A. Smathers  
Secretary of State  
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

FILED

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FLORIDA DEPT. OF STATE FEB 25-77 1 069\*\*\*\*\*  
CORPORATIONS DIVISION

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:

100009 UNITED STATES  
CORPORATION COMPANY  
70 PINE STREET  
NEW YORK N Y 10005

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address

P.O. Box No.

City

State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

07/15/1925

4. Federal Employer Identification Number (FEIN)

13-6149455

5. Date of Last Report

1976

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
JACKMAN, DAVID H	PRES	DIR	70 PINE ST	NEW YORK, NY
KIERNAN, GARVIN P	VP	DIR	70 PINE ST	NEW YORK, NY
MCNEALY CATHERINE E		SEC	70 PINE ST	NEW YORK, NY
DE MATTINA, JOHN	TREAS.	DIR	70 PINE ST	NEW YORK, NY

7. Registered Agent Information

If you wish to change Registered Agent on this form, enter all new information here

Name  
MOORE, EDGAR M.

City, State and Zip Code

TALLAHASSEE, FL 32302

Name

City, State and Zip Code

Street Address (Do NOT Use P.O. Box Number)

600 BARNETT BANK BLDG.

Street Address (Do NOT Use P.O. Box Number)

Any officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name  
JOHN DE MATTINA

Title

TREASURER

Telephone Number

714-952-0400

Date

2/11/77

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