2000 UNIFORM BUSINESS REPORT (UBR)

0451222

DOCUMENT # 588830

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

CICORP - USI, INC.

Principal Place of Business	Mailing Address
402 S.KENTUCKY AVE.,#460 4TH FLOOR LAKELAND FL 33801 US	PO DRAWER 1398 LAKELAND FL 33802-1398 US

2. Principal Place of Business	3. Mailing Address
2 South University	50 California st.
Suite, Apt. #, etc.: 220	Suite, Apt. #, etc.: 24th fl.
City & State: Plantation Fl	City & State: San Francisco Ca.
Zip: 33324 Country: USA	Zip: 94111 Country: USA

4. FEI Number 59-1855396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUTTON, CARLOS K 402 S.KENTUCKY AVE.,#460 4TH FLOOR LAKELAND FL 33802	Name: Corporate Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Bobbie Hall — Corporation Service Company By: Bobbie Hall, Asst. Vice President — 3/13/2000

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST SUTTON, CARLOS K. 4210 ROLLING OAK DR. LAKELAND, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Michael T. Leonard 50 California st. #24 San Francisco, Ca 94111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KARP, MICHAEL C 402 S.KENTUCKY AVE., 4TH FLOOR LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Wendy Lang 2 South University Dr. #220 Plantation, Fl 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEDA, ROBERT 402 S.KENTUCKY AVE., 4TH FLOOR LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEDA, ROBERT 402 S.KENTUCKY AVE., 4TH FLOOR LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASAT NEWBORN, ERNEST 402 S.KENTUCKY AVE., 4TH FLOOR LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ernest J. Newborn, II 50 California st., #24 San Francisco, Ca 94111	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Ernest J. Newborn, II 3/3/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 620947 7139998

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ ~~158.75~~

ORDER DATE : March 10, 2000

ORDER TIME : 11:05 AM

ORDER NO. : 620947-115

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: CICORP-USI, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Amy Lampi~~ Christine

EXAMINER'S INITIALS: _____

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00 MAR 15 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA