

# 2002 UNIFORM BUSINESS REPORT (UBR)

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0616407 AT

DOCUMENT # 588830

1. Entity Name  
CICORP - USI, INC.

FILED

02 APR 26 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2 SOUTH UNIVERSITY DR., #220  
PLANTATION FL 33324  
US

Mailing Address  
50 CALIFORNIA STREET  
24TH FLOOR  
SAN FRANCISCO CA 94111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1855396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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 POST ☐ Delete  
NAME SUTTON, CARLOS K.  
STREET ADDRESS 4210 ROLLING OAK DR.  
CITY-ST-ZIP LAKE LAND, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME KARP, MICHAEL C  
STREET ADDRESS 402 S.KENTUCKY AVE., 4TH FLOOR  
CITY-ST-ZIP LAKE LAND FL 33801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME LANG, WENDY  
STREET ADDRESS 2 SOUTH UNIVERSITY DR., #220  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME BOWLER, EDWARD  
STREET ADDRESS 50 CALIFORNIA STREET, #24  
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASAT ☐ Delete  
NAME NEWBORN, ERNEST II  
STREET ADDRESS 50 CALIFORNIA STREET, #24  
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE REQUIRED NEWBORN, TL

1-22-02

415-263-2405

CR2E034 (9/01)

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ACCOUNT NO. : 072100000032

REFERENCE : 549650 7139998

AUTHORIZATION : *Patricia Tigner*

COST LIMIT : \$ 150.00

ORDER DATE : April 25, 2002

ORDER TIME : 11:24 AM

ORDER NO. : 549650-035

CUSTOMER NO: 7139998

CUSTOMER: Mr. Chad Wiechers  
Usi Holdings, Inc.  
24th Floor  
50 California Street  
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
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 APR 26 PM 12:11  
DIVISION OF CORPORATION