F000000004786

CT CORPORATION SYSTEM

CORPORATION(S) NAME

USI Charitable Foundation, Inc.

0

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900003942949---4
-04/02/01--01069--004
*****35.00    *****35.00
```

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900003942949---4
-04/02/01--01069--005
******8.75    ******8.75
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( ) Profit	( ) Amendment	( ) Merger
( ) Nonprofit		
( ) Foreign	( ) Dissolution/Withdrawal	( ) Mark
	( ) Reinstatement	
( ) Limited Partnership	( ) Annual Report	( ) Other
( ) LLC	( ) Name Registration	( ) Change of RA
	( ) Fictitious Name	( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS

( ) Call When Ready	( ) Call If Problem	( ) After 4:30
(x) Walk In	( ) Will Wait	(x) Pick Up
( ) Mail Out		

Name   4/2/01   Order#:   3972835

Availability _____

Document

Examiner _____

Updater _____   Ref#: _____

Verifier _____

W.P. Verifier _____   Amount: $ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Q. OOULLLETTE APR 0 2 2001

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

USi Charitable Foundation, Inc.
_____
(Name of Corporation)

Maryland
_____
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

One USi Plaza
_____
(Mailing Address)

Annapolis MD 21401
_____
(City/ State /Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 APR -2 PM 12: 34
FILED

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

_____
Signature of the chairman or vice chairman of the board,
president, or any officer.

Chair
_____
Title

Kimberly Elek
_____
Typed or printed name

3/9/01
_____
Date