

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90175 028 \*\*\*158.75

DOCUMENT # F93000001368

1. Entity Name  
U.S. OPERATING SERVICES HOLDINGS, INC.



Principal Place of Business  
7500 OLD GEORGE TOWN RD  
13TH FL  
BETHESDA, MD 20814 US

Mailing Address  
7500 OLD GEORGE TOWN RD  
13TH FL  
BETHESDA, MD 20814 US

43060073



2. Principal Place of Business

3. Mailing Address

7600 Wisconsin Ave

7600 Wisconsin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-P

CR2E034 (10/03)

City & State  
Bethesda, MD

City & State  
Bethesda, MD

4. FEI Number  
94-3096158

Applied For  
Not Applicable

Zip  
20814

Country  
USA

Zip  
20814

Country  
USA

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 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AC  
CARON, MARK T  
7500 OLD GEORGE TOWN RD  
BETHESDA, MD 20814 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Controller  
Morris L. Meltzer  
7600 Wisconsin Avenue  
Bethesda, MD 20814-3657 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
IRIBE, P CHRISMAN  
7500 OLD GEORGETOWN RD  
BETHESDA, MD 20814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7600 Wisconsin Avenue  
Bethesda, MD 20814-3657 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVP  
COOPER, JOHN R  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Thomas E. Legro  
7600 Wisconsin Avenue  
Bethesda, MD 20814-3657 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
HARTMAN, SANFORD L  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7600 Wisconsin Avenue  
Bethesda, MD 20814-3657 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
COORSON, HANK A  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Assistant Treasurer  
Charles P. Hollands  
7600 Wisconsin Avenue  
Bethesda, MD 20814-3657 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Morris L. Meltzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04  
Date

301-280-6800  
Daytime Phone #