FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # F93000002773 (0)

1. Corporate Name
USA/WIN, INC.

Principal Place of Business
7301 N. 16TH ST., SUITE 203
PHOENIX AZ 85020

Mailing Address
7301 N. 16TH ST., SUITE 203
PHOENIX AZ 85020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Street, Apt. #, etc. — 22
Street, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 86-0650492 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	BOGLE, GEORGE E	12 NAME	
STREET ADDRESS	7301 N. 16TH ST., SUITE 201	13 STREET ADDRESS	
CITY ST ZIP	PHOENIX AZ 85020	14 CITY ST ZIP	
TITLE	~~VCD~~	21 TITLE	VT — ☒ Change ☐ Addition
NAME	~~HINSON, LARRY K~~	22 NAME	Darrell Barker
STREET ADDRESS	~~7301 N. 16TH ST., SUITE 201~~	23 STREET ADDRESS	916 Capital of Texas Hwy S
CITY ST ZIP	~~PHOENIX AZ 85020~~	24 CITY ST ZIP	Austin TX 78746
TITLE	~~ST~~	31 TITLE	S — ☒ Change ☐ Addition
NAME	~~HINSON, LARRY K~~	32 NAME	Wendy Sara
STREET ADDRESS	~~7301 N. 16TH ST., SUITE 201~~	33 STREET ADDRESS	7301 N. 16th Street, #201
CITY ST ZIP	~~PHOENIX AZ 85020~~	34 CITY ST ZIP	Phoenix AZ 85020
TITLE		41 TITLE	D — ☐ Change ☒ Addition
NAME		42 NAME	G. Michael Bogle
STREET ADDRESS		43 STREET ADDRESS	5074 Dorsey Hall Dr., #205
CITY ST ZIP		44 CITY ST ZIP	Ellicott City, MD 21042
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Wendy Sara — SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

Wendy Sara, Secretary — DATE 1/31/95 — 602/371-3366 — TELEPHONE NUMBER

0481392 FP