

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003142 (6)**

1. Corporation Name
USC BRANDON, INC.



Principal Place of Business: **900 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1575**
Mailing Address: **900 NORTH MICHIGAN AVENUE CHICAGO IL 60611-1575**

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

3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 01/26/1995
4. FEI Number 36-3959335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person authorized to file this report) _____ (Signature of person authorized to file this report) _____ (Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS	1.1 TITLE
NAME	YATES, KEVIN B	1.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	1.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	1.4 CITY-STATE-ZIP
TITLE	V	2.1 TITLE
NAME	CZECH, JAMES L	2.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	2.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	2.4 CITY-STATE-ZIP
TITLE	S	3.1 TITLE
NAME	HILBORN, MICHAEL	3.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	3.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	3.4 CITY-STATE-ZIP
TITLE	T	4.1 TITLE
NAME	METZ, ADAM	4.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	4.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	4.4 CITY-STATE-ZIP
TITLE	D	5.1 TITLE
NAME	BLUHM, NEIL G	5.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	5.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	5.4 CITY-STATE-ZIP
TITLE	D	6.1 TITLE
NAME	MALKIN, JUDD D	6.2 NAME
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	6.3 STREET ADDRESS
CITY-STATE-ZIP	CHICAGO IL	6.4 CITY-STATE-ZIP

EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Czech, James L.	
900 N. Michigan Ave.	
Chicago, IL 60611	
SVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Hilborn, Michael	
900 N. Michigan Ave.	
Chicago, IL 60611	
T/EVP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Metz, Adam	
900 N. Michigan Ave.	
Chicago, IL 60611	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual 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 an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with an asterisk.

SIGNATURE: *Kevin B Yates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN B YATES

3/14/96
312-915-1936
Clerk of Court

CR2E034 (12/95)