

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90238 004 ***150.00

DOCUMENT # F94000003142

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

36-3959335

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE
NAME SCHWARTZ, KIM
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE EVP ☐ DELETE
NAME CZECH, JAMES L
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE SVPS ☐ DELETE
NAME HILBORN, MICHAEL
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE TEVP ☐ DELETE
NAME METZ, ADAM
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE
NAME BLUHM, NEIL G
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

TITLE D ☐ DELETE
NAME MALKIN, JUDD D
STREET ADDRESS 900 NORTH MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

Kim Schwartz, Kim Schwartz

3/23/99

Date

312/915-1931

Daytime Phone #

CR2E034 (11/98)