

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005481

1. Corporation Name

U.S.N. MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2801 PONCE DE LEON BLVD
SUITE 555
CORAL GABLES, FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 USA

28 Zip

30 Country

3. Date Incorporated or Qualified
10/21/94

3a. Date of Last Report
1995

4. FEI Number
65-0521923

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SVP ☐ DELETE

NAME Alice Rogoff
STREET ADDRESS 2400 N. Street, NW
CITY-ST-ZIP Washington, DC 20037

1 TITLE CHAIRMAN ☐ Change ☒ Addition

12 NAME Mortimer B. Zuckerman
13 STREET ADDRESS 599 Lexington Avenue
14 CITY-ST-ZIP New York, NY 10022

TITLE SVP ☐ DELETE

NAME Martin D. Krall
STREET ADDRESS 450 W. 23rd Street
CITY-ST-ZIP New York, NY 10001

2 TITLE President/CEO ☒ Change ☐ Addition

22 NAME Fred Drasner
23 STREET ADDRESS 450 W. 23rd Street
24 CITY-ST-ZIP New York, NY 10001

TITLE VP/Treasurer ☐ DELETE

NAME John T. Williams
STREET ADDRESS 2400 N Street, NW
CITY-ST-ZIP Washington, DC 20037

3 TITLE ☐ Change ☐ Addition

TITLE Secretary ☐ DELETE

NAME Gail A. Lione
STREET ADDRESS 2400 N Street, NW
CITY-ST-ZIP Washington, DC 20037

4 TITLE ☐ Change ☐ Addition

TITLE Assistant Secretary ☐ DELETE

NAME Caroline H. Little
STREET ADDRESS 2400 N Street, NW
CITY-ST-ZIP Washington, DC 20037

5 TITLE ☐ Change ☐ Addition

TITLE Assistant Secretary ☐ DELETE

NAME Peter C. Cassat
STREET ADDRESS 2400 N Street, NW
CITY-ST-ZIP Washington, DC 20037

6 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gail A. Lione, Secretary

5/14/96

Date

(202) 955-2086

Daytime Phone #

CR2E034 (12/95)