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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000005481 (6)

1. Corporation Name
U.S.N. MANAGEMENT, INC.

Principal Place of Business
2801 PONCE DE LEON BLVD.
SUITE 555
CORAL GABLES FL 33134

Mailing Address
2801 PONCE DE LEON BLVD.
SUITE 555
CORAL GABLES FL 33134-6820



2. Principal Place of Business
21 2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.
22 Suite 555

City & State
23 Coral Gables, FL

Zip Country
24 33134 25

2a. Mailing Address
26 2400 N Street, NW

Suite, Apt. #, etc.
27 Room 649

City & State
28 Washington, DC

Zip Country
29 20037 30 DC

3. Date Incorporated or Qualified
10/21/1994

3a. Date of Last Report
05/21/1996

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.0502 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 PCEO ☐ DELETE
NAME DRASNER, FRED
STREET ADDRESS 450 W 23RD ST.
CITY- ST- ZIP NEW YORK NY 10001

TITLE SVP ☐ DELETE
NAME ROGOFF, ALICE
STREET ADDRESS 2400 N ST., N.W.
CITY- ST- ZIP WASHINGTON DC 20037

TITLE VT ☒ DELETE
NAME WILLIAMS, JOHN T
STREET ADDRESS 2400 N ST., N.W.
CITY- ST- ZIP WASHINGTON DC 20037

TITLE S ☐ DELETE
NAME LIONE, GAIL A
STREET ADDRESS 2400 N ST., N.W.
CITY- ST- ZIP WASHINGTON DC 20037

TITLE AS ☐ DELETE
NAME LITTLE, CAROLINE H
STREET ADDRESS 2400 N ST., N.W.
CITY- ST- ZIP WASHINGTON DC 20037

TITLE AS ☐ DELETE
NAME CASSAT, PETER
STREET ADDRESS 2400 N ST., N.W.
CITY- ST- ZIP WASHINGTON DC 20037

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT ☒ Change ☐ Addition
1.2 NAME Joan T. Williams
1.3 STREET ADDRESS 2400 N Street, NW
1.4 CITY- ST- ZIP Washington, DC 20037

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 do 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.

SIGNATURE:

Peter Cassat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Cassat, 2/10/97 202-955-2269

Date Daytime Phone #

CR2E034 (9/96)