

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90004 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F94000005481 (6)</b> <i>OK</i>	
1. Corporation Name <b>U.S.N. MANAGEMENT, INC.</b>	

Principal Place of Business	Mailing Address
	<b>125 THEODORE CONRAD DR</b> <b>JERSEY CITY, NJ</b> <b>07305 U.S.</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/21/1994**

4. FEI Number

**65-0521923**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$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	2a. Mailing Address
<b>21 2801 PO BOX DE LEON BLDG</b>	<b>26 125 Theodore Conrad Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22 #380</b>	<b>27</b>
City & State	City & State
<b>23 CORAL GABLES FL</b>	<b>28 Jersey City, NJ</b>
Zip	Zip
<b>24 33134</b>	<b>29 07305</b>
Country	Country
<b>25 US</b>	<b>30 U.S.</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD,**  
**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	1.1 TITLE	
NAME	Mortimer B. Zuckerman	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	599 Lexington Ave	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10022	1.4 CITY - ST - ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Drasner	2.2 NAME	
STREET ADDRESS	450 West 33rd St.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10001	2.4 CITY - ST - ZIP	
TITLE	Asst. VP/Secretary	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin D. Krall	3.2 NAME	
STREET ADDRESS	450 West 33rd St.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10001	3.4 CITY - ST - ZIP	
TITLE	VP/COO/Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Peck	4.2 NAME	
STREET ADDRESS	125 Theodore Conrad Dr.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY, NJ 07305	4.4 CITY - ST - ZIP	
TITLE	Asst. Secy	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Kingsley	5.2 NAME	
STREET ADDRESS	450 West 33rd Street	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10001	5.4 CITY - ST - ZIP	
TITLE	Asst. Secy	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Schlegel	6.2 NAME	
STREET ADDRESS	450 West 33rd Street	6.3 STREET ADDRESS	
CITY - ST - ZIP	NY, NY 10001	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #