

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001434

FILED
Jan 05, 2004
Secretary of State

Entity Name: USF FUND CORPORATION

Current Principal Place of Business:

% CAPITOL INVESTMENT ASSOCIATES CORP.
5454 WISCONSIN AVENUE N.W. SUITE 1265
CHEVY CHASE, MD 20815

New Principal Place of Business:

Current Mailing Address:

% CAPITOL INVESTMENT ASSOCIATES CORP.
5454 WISCONSIN AVENUE N.W. SUITE 1265
CHEVY CHASE, MD 20815

New Mailing Address:

FEI Number: 52-1869230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RUBIN, MICHAEL D
Address: 5454 WISCONSIN AVE STE 1265
City-St-Zip: CHEVY CHASE, MD 20815

Title: VP () Delete
Name: LYONS, BRUCE
Address: 5454 WISCONSIN AVE STE 1265
City-St-Zip: CHEVY CHASE, MD 20815

Title: VPT () Delete
Name: DE LAPEYROUSE, ROBERT
Address: 5454 WISCONSIN AVE STE 1265
City-St-Zip: CHEVY CHASE, MD 20815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D RUBIN

MR

01/05/2004

Electronic Signature of Signing Officer or Director

Date