

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # F95000004017 (8)

Corporation Name  
USSWAY PARTNERS, INC.



Principal Place of Business

ALCORN  
HOUSTON TX 77083

Mailing Address

9411 ALCORN  
HOUSTON TX 77083-8753  
US

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>08/21/1995  | 3a. Date of Last Report<br>06/05/1996 |
| 4. FEI Number<br>84-1316294  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

Country

25

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's signature required when re-instating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | P                  | DELETE <input type="checkbox"/> |
| NAME           | ROTT, RICHARD L    |                                 |
| STREET ADDRESS | 9411 ALCORN        |                                 |
| CITY-ST-ZIP    | HOUSTON TX         |                                 |
| TITLE          | VP                 | DELETE <input type="checkbox"/> |
| NAME           | SHAFFER, CLIFTON   |                                 |
| STREET ADDRESS | 9411 ALCORN        |                                 |
| CITY-ST-ZIP    | HOUSTON TX         |                                 |
| TITLE          | VP                 | DELETE <input type="checkbox"/> |
| NAME           | IGNELZI, EMERIC    |                                 |
| STREET ADDRESS | 5850 TRUSSWAY BLVD |                                 |
| CITY-ST-ZIP    | ORLANDO FL         |                                 |
| TITLE          | VP                 | DELETE <input type="checkbox"/> |
| NAME           | ROGERS, CHARLES    |                                 |
| STREET ADDRESS | 9411 ALCORN        |                                 |
| CITY-ST-ZIP    | HOUSTON TX         |                                 |
| TITLE          | VP                 | DELETE <input type="checkbox"/> |
| NAME           | HECHINGER, HERTA G |                                 |
| STREET ADDRESS | 9411 ALCORN        |                                 |
| CITY-ST-ZIP    | HOUSTON TX         |                                 |
| TITLE          |                    | DELETE <input type="checkbox"/> |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13.

|                    |   |
|--------------------|---|
| 1.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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

3/15/97 (713) 691-6900

CR2E034 (9/96)