

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

000950

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 044 ***158.75

DOCUMENT # F98000001051

1. Corporation Name

USOSC HOLDINGS, INC.



Principal Place of Business
7500 OLD GEORGETOWN RD
BETHESDA MD 20814

Mailing Address
7500 OLD GEORGETOWN RD
BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1998

4. FEI Number

94-3282137

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEARNEY, JOSEPH P	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	IRIBE, P C	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HERMAN, STEPHEN A	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOPER, JOHN R	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BASSETT, DAVID N	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ENDLER, GERALD S	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. Chrisman Iribe	
1.3 STREET ADDRESS	7500 Old Georgetown Rd	
1.4 CITY-ST-ZIP	Bethesda, MD 20814	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

DAVID N. BASSETT
TREASURER

3/15/99

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)