2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F98000001051 1. Entity Name USOSC HOLDINGS, INC. 01-31-2001 90312 041 ***158.75 Principal Place of Business Mailing Address 7500 OLD GEORGETOWN RD 7500 OLD GEORGETOWN RD BETHESDA MD 20814 BETHESDA MD 20814 708259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3282137 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 8. 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. DAVID N. BASSETT TREASURER (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete ☐ Change ☐ Addition NAME IRIBE, P. CHRISMAN NAME STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN RD CITY-ST-7IP CITY-ST-ZIP BETHESDA MD 20814 ☐ Delete TITLE ☐ Change ☐ Addition NAME COOPER, JOHN R NAME STREET ADDRESS 7500 OLD GEORGETOWN RD STREET ADDRESS CITY-ST-ZIP BETHESDA MD CITY-ST-ZIP TITLE □ Delete TITLE . _ _ _ Change _ _ Addition NAME BASSETT, DAVID N NAME STREET ADDRESS 7500 OLD GEORGETOWN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD TITI F AS ☐ Defete TITLE ☐ Change Addition MEIER, PETER E NAME STREET ADDRESS 7500 OLD GORGETOWN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

DAVID N. BASSETT TREASURER

117/01

Daytime Phone #

CR2E034 (10