2002	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
	<b>O</b> 1111 <b>O</b> 11111			10011

DOCUMENT # F9800001051  1. Entity Name USOSC HOLDINGS, INC.						FILED					980 Al
Principal Place of Business Mailing Address 7500 OLD, GEORGETOWN RD 7500 OLD GEORGETOWN RI BETHESDA MD 20814 BETHESDA MD 20814			RD	D		02 APR -5 AM 9:50  SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.	<b>3</b> .			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 94	04-3282137			olied For Applicable	]	
Zip	Country	Zip	Coun	try		5. Certificate of State	us Desired		<b>5</b> Addi equired		
	6. Name and Address of Current F	Registered Agent		Name		7. Name and Addre	ss of New Reg	stered Agent			]
1201 HAY	ation Service Company /S Street SSEE FL 32301-2525			Street A	ddress (P.0	D. Box Number is No	t Acceptable) 1015-2 -04/17/06 非非常3171	9090: 201087 •2 <b>FL</b>	3 00 *150 code	- <b>D</b> 01 3.75	- - - -
Tax filing r	Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!  After May 1, 200 Make Check Payab	! FEE	IS \$150. will be \$5	550.00	10. Election C	ampaign Finand Contribution.	· —		May Be to Fees	-
11.	OFFICERS AND D		12.			ADDITIONS/CHANG	GES TO OFFICE	RS AND DIREC	CTORS	IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Iribe, P. Chrisman 7500 OLD Georgetown RD Bethesda MD 20814	☐ Delete			SD SAN 1500 BETI	FORD L. H DLD GE NESDA, n	artmax orgetou 2C	७८। त ००० ु ज्यु ००० ा	nange	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cooper, John R 7500 Old Georgetown RD Bethesda MD	□ Delete	R		AT J. TR 7500	ACY MEY OOLD GEORGE ESDA MD	TOWN R	□ cr ⊅.	nange	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BASSETT, DAVID N 7500 OLD GEORGETOWN RD BETHESDA MD	☐ Delete					•	☐ Cr	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEIER, PETER E 7500 OLD GORGETOWN ROAD BETHESDA MD	<b>D</b> elete					158	۵۰ <mark>۲ ۲ - گ</mark>	_	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					$\mathcal{M}$	/ W	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP			71/2	1	ange	Addition	
<ol><li>13. I hereby of indicated</li></ol>	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for true and accurate and that m	tne exer v sianat	nption stat ure shall h	ed in Section ave the sar	on 119.07(3)(i), Florid ne legal effect as if n	da Statutes. I fui nade under oath	ther certify that it that I am an o	the inf officer o	ormation or director	

of the corporation or the receiver of trule and accurate and man my signature shall have the same legal effect as it made under oath; that I am an officer of director of the corporation or the receiver or truletee 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:

301-280-6800 Daytime Phone #