


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90210 015 ***158.75

DOCUMENT # F98000001051 1. Entity Name USOSC HOLDINGS, INC.					
Principal Place of Business 7500 OLD GEORGE TOWN RD BETHESDA, MD 20814			Mailing Address 7500 OLD GEORGE TOWN RD BETHESDA, MD 20814		
2. Principal Place of Business <i>7600 Wisconsin Ave</i>			3. Mailing Address <i>7600 Wisconsin Ave</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <i>Bethesda, MD</i>			City & State <i>Bethesda, MD</i>		
Zip <i>20814</i>			Country <i>USA</i>		
4. FEI Number 94-3282137			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIBE, P. CHRISMAN 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, JOHN R 7500 OLD GEORGETOWN RD BETHESDA, MD	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas E. Legro 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC CARON, MARK T 7500 OLD GEORGETOWN RD BETHESDA, MD	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Controller Morris L. Meltzer 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTMAN, SANFORD L 7500 OLD GORGETOWN ROAD BETHESDA, MD 20814	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COORSON, HANK A 7500 OLD GORGETOWN ROAD BETHESDA, MD 20814	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Charles P. Hollands 7600 Wisconsin Avenue Bethesda, MD 20814-3657
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Morris L. Meltzer</i> <i>4/1/04 301-280-4800</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

44044100



03172004 Chg-P CR2E034 (10/03)

FL Zip Code