

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06/11/22 AI

DOCUMENT # **F98000001051**

1. Entity Name
USOSC HOLDINGS, INC.



FILED
03 FEB 20 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**7500 OLD GEORGETOWN RD
BETHESDA MD 20814**

Mailing Address
**7500 OLD GEORGETOWN RD
BETHESDA MD 20814**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3282137**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **IRIBE, P. CHRISMAN**
STREET ADDRESS **7500 OLD GEORGETOWN RD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **COOPER, JOHN R**
STREET ADDRESS **7500 OLD GEORGETOWN RD**
CITY-ST-ZIP **BETHESDA MD**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** Delete
NAME **BASSETT, DAVID N**
STREET ADDRESS **7500 OLD GEORGETOWN RD**
CITY-ST-ZIP **BETHESDA MD**

TITLE Change Addition
NAME **Assistant Controller**
STREET ADDRESS **MARK T. CARON**
CITY-ST-ZIP **7500 Old Georgetown Rd Bethesda, Md 20814**

TITLE **SD** Delete
NAME **HARTMAN, SANFORD L**
STREET ADDRESS **7500 OLD GORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** Delete
NAME **MEY, J. T**
STREET ADDRESS **7500 OLD GORGETOWN ROAD**
CITY-ST-ZIP **BETHESDA MD 20814**

TITLE Change Addition
NAME **Assistant Treasurer**
STREET ADDRESS **HANK A. COORSON**
CITY-ST-ZIP **7500 Old Georgetown Rd. Bethesda, MD 20814**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: **Mark T. Caron**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Caron
Assistant Controller 1/30/03 301-280-6800
Date Daytime Phone #

CR2E034 (10/02)