

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001620

1. Entity Name
USFS MANAGEMENT, INC.



Principal Place of Business
**13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329 UA**

Mailing Address
**13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329 UA**



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2373271** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable

(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. ☐

\$5.00 May Be
Added to Fees

**U000000077709
03/05/04-80054-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCD
LEVEN, MICHAEL A
13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVGS
ARONSON, STEPHEN D
13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVF
DAYMAN, MARK
13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEVEN, MIKE
13 CORPORATE SQUARE, STE. 250
ATLANTA, GA 30329**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CGOGA, DOUG
200 WEST MADISON
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK DAYMAN

3/2/04
Date

40423-15812
Daytime Phone #