


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

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

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 _____ 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, 2004 Fee will be \$550.00

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

U00000077709
 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	

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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: Mark Dayman MARK DAYMAN 3/2/04 40423-5812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #