

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90210 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000003132

1. Corporation Name

USCC ACQUISITION CORP.

Principal Place of Business

Mailing Address

5200 TOWN CENTER CIRCLE  
TOWER 1, STE 301  
BOCA RATON, FL 33486

PO Box 150  
HAYWARD, CA 94543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1998

4. FEI Number

94-3302679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOFFMAN, JEFFREY A  
1116 HIGHLAND BEACH DRIVE  
HIGHLAND BEACH FL 33487

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FUERY, W. B  
STREET ADDRESS 1034 A STREET  
CITY-ST-ZIP HAYWARD CA 94541

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SC  
NAME GOFFMAN, JEFFREY A  
STREET ADDRESS 1116 HIGHLAND BEACH DRIVE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE EV  
NAME SKLAR, RANDY C  
STREET ADDRESS 905 FOREST GLEN LANE  
CITY-ST-ZIP WELLINGTON FL 33414

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE CIO  
NAME MCBRIDE, DOUGLAS  
STREET ADDRESS 181 OAK ROAD  
CITY-ST-ZIP DANVILLE CA 94526

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CFO  
NAME MICHAEL HOBURG  
STREET ADDRESS 1034 A STREET  
CITY-ST-ZIP HAYWARD, CA 94541

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE COO  
NAME RICK RADELFORD  
STREET ADDRESS 7450 EAST ROAD, STE 2  
CITY-ST-ZIP OAKDALE CA 91361

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Hoberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HOBURG

4-24-99

Date

510-583-2273

Daytime Phone #

CR2E034 (11/98)