


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90175 029 ***158.75

DOCUMENT # F98000004882	
1. Entity Name USGEN HOLDINGS, INC.	

Principal Place of Business SUITE 13 FLOOR 7500 OLD GEORGE TOWN ROAD BETHESDA, MD 20814	Mailing Address SUITE 13 FLOOR 7500 OLD GEORGE TOWN ROAD BETHESDA, MD 20814
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14020672

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>	Zip <i>20814</i>
Country <i>USA</i>	Country <i>USA</i>



03172004 Chg-P CR2E034 (10/03)

4. FEI Number 94-3282136		Applied For 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED IRIBE, P.C. 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, JOHN R 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vice President Thomas E. Legro 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC CARRON, MARK T 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC Assistant Controller Morris L. Meltzer 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTMAN, SANFORD L 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COORSEN, HANK A 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Assistant Treasurer Charles P. Hollands 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Morris L. Meltzer* *4/1/04* *301-280-6800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #