


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|--|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 19 PM 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000505 UNITED STATES EXPORT SERVICES LIMITED LIABILITY COMPANY 15 EAST NORTH STREET DOVER DE 19901 | | 1a. Principal Place of Business Address 15 EAST NORTH STREET DOVER DE 19901 | | | |
| 2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 08/13/1997 3a. State of Formation DE 4. FEI Number 52-2049352 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 04/03/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent HIQ CORPORATE SERVICES, INC. 52 EAST PARK AVE., SUITE 200 TALLAHASSEE FL 32301 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 5100002824489 Suite, Apt. #, etc. 03/30/99-01100-013 ***188.75 ***188.75 City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ | | | DATE _____ | | |
| <small>(Registered Agent Accepting Appointment) (New Registered Agent Signature) (Date of Appointment)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGR | UNITED STATES EXPORT, | 7505 GREENWAY CENTER DRIVE | | GREENBELT MD | |
| <i>3-25-99</i> | | | | | |
| 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| By: United States Export Fund, LP its managing member United States Export Services, Inc, its G.P. SIGNATURE: [Signature] 3/10/99 301-513-1705 | | | | | |