File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 98 APR -3 PM 1: 23 1998 DIVISION OF CORPORATIONS SECKETARY OF 51.5 TALLAHASSEE, FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # M97000000724 UNITED STATES EXPORT SERVICES II LIMITED 1a. Principal Place of Business Address IABILITY COMPANY 15 EAST NORTH STREET 15 EAST NORTH STREET DOVER DE 19901 DOVER DE 19901 ga-phin 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 11/03/1997 4. FEI Number DE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 52-2060700 City & State City & State Not Applicable APPLIED FOR 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE., SUITE 200 TALLAHASSEE FL 32301 30000248288 -04/08/98--01084 Suite, Apt. #, etc. ****188 75 Zo Code City 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. (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR UNITED STATES EXPORT, 7505 GREENWAY CENTER DRIVE GREENBELT MD 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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

attachment with an address. Weaver, Vice President (301) 513-1705 II Inc.

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