

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P04056** (8)  
1. Corporation Name  
**USBI CO.**



Principal Place of Business <b>ATTN: LEGAL DPT P.O. BOX 21212 KENNEDY SPACE CENTER FL 32815 US</b>	Mailing Address <b>ATTN: LEGAL DEPT P.O. BOX 21212 KENNEDY SPACE CENTER FL 32815 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/14/1984</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number <b>59-2425729</b>	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BALAGUER, JOHN P</b>	1.2 NAME	
STREET ADDRESS	<b>5380 N OCEAN DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SINGER ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVPD ZIMONIS, JOSEPH P.</b>	2.2 NAME	
STREET ADDRESS	<b>427 EAGLETON COVE WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Y DEMERS, JEAN O</b>	3.2 NAME	
STREET ADDRESS	<b>3770 OAK HILL DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S COOPER, ROCHELLE L</b>	4.2 NAME	
STREET ADDRESS	<b>921 SOUTH FOURTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD NORTH, DOUGLAS</b>	5.2 NAME	<b>NORTH, DOUGLAS A.</b>
STREET ADDRESS	<b>19091 PORTOS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARATOGA CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP REED, DONALD K.</b>	6.2 NAME	
STREET ADDRESS	<b>1205 GARTH CIR SE</b>	6.3 STREET ADDRESS	<b>609 SHOREWOOD DR. #203</b>
CITY-ST-ZIP	<b>HUNTSVILLE AL</b>	6.4 CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 32920</b>

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.

SIGNATURE:

*Rochelle L Cooper*

Secretary

1/13/98

CR2E034 (10/97)