SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21126** **(8)**

1. Corporation Name

USTS SOUTHEAST, INC.
PSG Southeast, Inc.

Principal Place of Business	Mailing Address
1401 ROCKVILLE PIKE, SUITE 300 ROCKVILLE MD 20852	1401 ROCKVILLE PIKE, SUITE 300 ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1988
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4370 La Jolla Village Drive	26 4370 La Jolla Village Drive
Suite, Apt. #, etc. 22 Suite 1050	Suite, Apt. #, etc. 27 Suite 1050
City & State 23 San Diego, CA 92122	City & State 28 San Diego, CA 92122
Zip / County 24 92122 / 25 USA	Zip / County 29 92122 / 30 USA

4. FEI Number: 52-0856722 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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	D	11 TITLE	C/P	☒ Change ☐ Addition
NAME	SONTAG, PETER	12 NAME	C.E. Rickershauser, Jr.	
STREET ADDRESS	1401 ROCKVILLE PIKE	13 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050	
CITY-ST-ZIP	ROCKVILLE MD	14 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	AS	21 TITLE	D/S/V	☒ Change ☐ Addition
NAME	NUGENT, JAMES R. JR.	22 NAME	Johanna Unger	
STREET ADDRESS	1401 ROCKVILLE PIKE	23 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050	
CITY-ST-ZIP	ROCKVILLE MD	24 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	VD	31 TITLE	D/T/V	☒ Change ☐ Addition
NAME	NUGENT, JAMES R. JR.	32 NAME	L.A. Guske	
STREET ADDRESS	1401 ROCKVILLE PIKE	33 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050	
CITY-ST-ZIP	ROCKVILLE MD	34 CITY-ST-ZIP	San Diego, CA 92122	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	PAGANO, JAMES	42 NAME		
STREET ADDRESS	1401 ROCKVILLE PIKE	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD	44 CITY-ST-ZIP		
TITLE	PTD	51 TITLE		☒ Change ☐ Addition
NAME	MANAKER, RALPH	52 NAME		
STREET ADDRESS	1401 ROCKVILLE PIKE	53 STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE MD	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Johanna Unger - Secretary 7/26/95 619-546-5001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01/6034 FP