

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P28856 (3)

1. Corporation Name

USI PROPERTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

%CENTER TRUST CENTER  
1209 ORANGE ST.  
WILMINGTON DE 19801

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1209 ORANGE ST.  
WILMINGTON DE 19801

3. Date Incorporated or Qualified  
04/05/1990

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
58-1872821

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

8. 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GREEN, TOM L  
STREET ADDRESS 945 E. PACES FERRY RD.  
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE S  
NAME BLUNDON, JILL M  
STREET ADDRESS 7430 KILMER DRIVE  
CITY-STATE-ZIP MURRYSVILLE FL ☒ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

VP & T  
Robert M. Brier  
101 Wood Avenue South  
Iselin, New Jersey 08830 ☐ Change ☒ Addition

TITLE V  
NAME STAMARIS, KIM  
STREET ADDRESS 945 E PACES FERRY ROAD  
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE VC  
NAME HARLAND, JEFFREY  
STREET ADDRESS 945 E. PACES FERRY RD.  
CITY-STATE-ZIP ATLANTA GA ☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HEMPSTEAD, GEORGE H III  
STREET ADDRESS 99 WOOD AVE S  
CITY-STATE-ZIP ISELIN NJ ☒ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

D  
George H. MacLean  
101 Wood Avenue South  
Iselin, New Jersey 08830 ☐ Change ☒ Addition

TITLE C  
NAME BUCCARELLI, RICHARD  
STREET ADDRESS 99 WOOD AVENUE SOUTH  
CITY-STATE-ZIP ISELIN NJ ☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

D  
Buccarelli, Richard  
101 Wood Avenue South  
Iselin, New Jersey 08830 ☒ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John B. Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96  
Date

(908) 767-2243  
Daytime Phone #

CR2E034 (3/96)