

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90096 017 \*\*\*150.00

DOCUMENT # P36889

1. Corporation Name

USX PORTFOLIO DELAWARE, INC.

Principal Place of Business

501 SILVERSIDE ROAD, SUITE 53  
WILMINGTON DE 19809

Mailing Address

501 SILVERSIDE ROAD, SUITE 53  
WILMINGTON DE 19809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1991

4. FEI Number

51-0330086

51-0333086

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WINEBAR, C S	
STREET ADDRESS	501 SILVERSIDE ROAD, #53	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHERMAN, R A	
STREET ADDRESS	501 SILVERSIDE RD, #53	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHMOND, J. L.	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, D. A.	
STREET ADDRESS	600 GRANT STREET	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNA, E.F.	
STREET ADDRESS	600 GRANT ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schmidt, A.G.	
1.3 STREET ADDRESS	501 SilverSide Road #53	
1.4 CITY-ST-ZIP	Wilmington, DE 19809	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	600 Grant Street	
2.4 CITY-ST-ZIP	Pittsburgh, PA 15219	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stanton R.M.	
4.3 STREET ADDRESS	600 Grant Street	
4.4 CITY-ST-ZIP	Pittsburgh, PA 15219	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

*A.G. Schmidt* Anthony G. Schmidt, President

Date

1/28/99

Daytime Phone #

302-798-7890

CR2E034 (1/198)