

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37924 (8)

1. Corporation Name
USA ADMINISTRATION SERVICES, INC.

Principal Place of Business
12900 METCALF
OVERLAND KS 66213-620
US

Mailing Address
PO BOX 2948
OVERLAND PARK KS 66201-348
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1992	
21		26		4. FEI Number 48-0933220	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24		29			
25		30			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CEB/P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NEAL, LOUISE K.			1.2 NAME	Wellnitz, William R.		
STREET ADDRESS	12900 METCALF			1.3 STREET ADDRESS	401 N. Tryon St.		
CITY-ST-ZIP	OVERLAND KS 66213-620			1.4 CITY-ST-ZIP	Charlotte, NC 28202		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	SVP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONLON, PETER J.			2.2 NAME	Donlon, J. Peter		
STREET ADDRESS	12900 METCALF			2.3 STREET ADDRESS	401 N. Tryon St.		
CITY-ST-ZIP	OVERLAND PARK KS			2.4 CITY-ST-ZIP	Charlotte, NC 28202		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	VP/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HURST, WILLIAM M.			3.2 NAME	Blozis, Nancy M.		
STREET ADDRESS	12900 METCALF			3.3 STREET ADDRESS	401 N. Tryon St.		
CITY-ST-ZIP	OVERLAND KS 66213-620			3.4 CITY-ST-ZIP	Charlotte, NC 28202		
TITLE	SVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAKIMO, PATRICIA A.			4.2 NAME			
STREET ADDRESS	12900 METCALF			4.3 STREET ADDRESS			
CITY-ST-ZIP	OVERLAND KS 66213-620			4.4 CITY-ST-ZIP			
TITLE	CEB	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, WILLIAM			5.2 NAME			
STREET ADDRESS	100 NORTH TYRON STREET SUITE 2000			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODING, DAVID E			6.2 NAME			
STREET ADDRESS	4150 SOUTH OLIVE STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA			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.

SIGNATURE:  William M. Hurst 4/14/98 (213)742-3128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0505080

CR2E034 (10/97)