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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P37924

1. Corporation Name

USA ADMINISTRATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

4. FEI Number

48-0933220

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

10. Name and Address of New Registered Agent

Principal Place of Business

12900 METCALF
OVERLAND KS 66213-620
US

Mailing Address

PO BOX 2948
OVERLAND PARK KS 66201-348
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VEBP ☒ DELETE

NAME WELLNITZ, WILLIAM R.

STREET ADDRESS 401 N. TRYON ST.

CITY-ST-ZIP CHARLOTTE NC 28202

TITLE SVPD ☐ DELETE

NAME DONLON, PETER J.

STREET ADDRESS 401 N. TRYON ST.

CITY-ST-ZIP CHARLOTTE NC 28202

TITLE AS ☐ DELETE

NAME HURST, WILLIAM M.

STREET ADDRESS 12900 METCALF

CITY-ST-ZIP OVERLAND KS 66213-620

TITLE SVPD ☒ DELETE

NAME YAKIMO, PATRICIA A.

STREET ADDRESS 12900 METCALF

CITY-ST-ZIP OVERLAND KS 66213-620

TITLE VPTD ☐ DELETE

NAME BLOZIS, NANCY M.

STREET ADDRESS 401 N. TRYON ST.

CITY-ST-ZIP CHARLOTTE NC 28202

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C/CEO/D ☐ Change ☒ Addition

12 NAME Paul E. Rutledge III

13 STREET ADDRESS 401 N. Tryon Street

14 CITY-ST-ZIP Charlotte, NC 28202

21 TITLE P/D ☒ Change ☐ Addition

22 NAME J. Peter Donlon

23 STREET ADDRESS 401 N. Tryon St.

24 CITY-ST-ZIP Charlotte, NC 28202

31 TITLE S ☒ Change ☐ Addition

32 NAME William M. Hurst

33 STREET ADDRESS 1150 So. Olive Street

34 CITY-ST-ZIP Los Angeles, CA 90015

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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****158.75 ****158.75

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:

William M. Hurst

2/5/99

(213) 742-3128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #

CR2E034 (1/1/98)