## **2000 UNIFORM BUSINESS REPORT (UBR)**

P3192

DOĆUMENT # <b>S16571</b>				
1. Entity Name  CICORP, INC.		FILED		
Gloom ; iiido.			-	
Principal Place of Business Mailing Address		00 AUG -8 PM 1: 19		
402 S. KENTUCKY AVE. P.O. BOX 1398 4TH FLOOR LAKELAND FL 33802 LAKELAND FL 33802 US		SECRETARY OF STATE: TALLAHASSEE; FLORIDA		
2. Principal Place of Business Two 5. University of. 3. Mailing Address 56 Californic	<u> </u>			
Suite, Apt. #, etc. Suite, Apt. #, etc. 2.20	220 24		DO NOT WRITE IN THIS SPACE	
Plantation, 71 San Franci	sco, ca	4. FEI Number 59-3162092	Applied For Not Applicable	
33324 Country A 2ip 94111	Country USA		5 Additional aquired	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Corporation Service Company ddress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301	1201	Hayes st		
	City Tall	ahassee FL   Zie	32301	
8. The above named entity submits this statement for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
			\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	CTORS IN 11	
TITLE D Delete  NAME SUTTON, CARLOS K.  STREET ADDRESS 4210 ROLLING OAK DR	TITLE NAME STREET ADDRESS	□ Ch	ange [] Addition	
CITY-ST-ZIP LAKELAND FL  TITLE SECRETARY Delete	CITY-ST-ZIP TITLE		ange 🔲 Addition	
NAME STREET ADDRESS  50 California St	NAME STREET ADDRESS			
CITY-ST-ZIP SON FYONCISCO, CO. 7411	CITY-ST-ZIP			
TITLE  NAME  NICHAELL Pautler  Delete  Michael L. Pautler  Street Address  50 Caul Fornia St	TITLÉ NAME	200003349542	•	
CITY-ST-ZIP Soun Francisco, Can 94111	STREET ADDRESS CITY-ST-ZIP		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  CUY (05 Sutton: Delete  420 Rolling OAK DY.  (President)		□ Ch		
TITLE Carlos sutton: Delete  NAME  420 Rolling OAKUT.  STREET ADDRESS  14 14 15 16 17 11 (President)	CITY-ST-ZIP TITLE NAME STREET ADDRESS		ange 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Ch	ange	

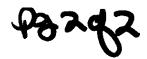
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster empowered to exclude this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

814100 (445) 263-216.1

LSIGNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR





ACCOUNT NO. : 072100000032

REFERENCE: 789548

7139998

AUTHORIZATION :

COST LIMIT : \$ 550.00

\_\_\_\_\_\_

ORDER DATE: August 7, 2000

ORDER TIME: 11:39 AM

ORDER NO. : 789548-005

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart

Usi Holdings, Inc. 50 California St.

24th Floor

San Francisco, CA 94111

## ANNUAL REPORT FILING

NAME: CICORP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS:

ALS: NOIN OF ON OO THE STAND OF THE STAND OF