

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90020 031 ***150.00

DOCUMENT # S38732

1. Corporation Name
USW CORP.

Principal Place of Business

111 PRESIDENTIAL BLVD.
SUITE 114
BALA CYNWYD PA 19004
US

Mailing Address

111 PRESIDENTIAL BLVD.
SUITE 114
BALA GYNWYD PA 19004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1991

4. FEI Number

22-3055962

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

2. Principal Place of Business

2a. Mailing Address

21 2 GREENWOOD SQUARE
Suite, Apt. #, etc.

26 2 GREENWOOD SQUARE
Suite, Apt. #, etc.

22 3331 STREET RD, SUITE 275
City & State

27 3331 STREET RD, SUITE 275
City & State

23 BENSALEM, PA 19020
Zip Country

28 BENSALEM, PA
Zip Country

24 19020 25 BUCKS

29 19020 30 BUCKS

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	PARKER, STEPHEN	111 PRESIDENTIAL BLVD.	BALA CYNWYD PA 19004	<input checked="" type="checkbox"/>
D	PARKER, STEPHEN J	111 PRESIDENTIAL BLVD.	BALA CYNWYD PA 19004	<input checked="" type="checkbox"/>
CFO	MCANULTY, MICHAEL	111 PRESIDENTIAL BLVD.	BALA CYNWYD PA 19004	<input type="checkbox"/>
P	REGAN, ARTHUR	15 PARK ROW SUITE 504	NEW YORK NY 10038	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)