

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # P21126 (8)

1. Corporation Name
**USTS SOUTHEAST, INC.
PSG Southeast, Inc.**

Principal Place of Business Mailing Address
**1401 ROCKVILLE PIKE, SUITE 300
ROCKVILLE MD 20852**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1988** 3a. Date of Last Report **02/18/1994**

4. FEI Number **52-0856722** 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 has liability for intangible tax under c. 100.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 4370 La Jolla Village Drive Suite, Apt. #, etc. 22 Suite 1050 City & State 23 San Diego, CA 92122	26 4370 La Jolla Village Drive Suite, Apt. #, etc. 27 Suite 1050 City & State 28 San Diego, CA 92122
24 92122 25 USA	29 92122 30 USA

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SONTAG, PETER
STREET ADDRESS	1401 ROCKVILLE PIKE
CITY, ST, ZIP	ROCKVILLE MD
TITLE	AS
NAME	NUGENT, JAMES R. JR.
STREET ADDRESS	1401 ROCKVILLE PIKE
CITY, ST, ZIP	ROCKVILLE MD
TITLE	VD
NAME	NUGENT, JAMES R. JR.
STREET ADDRESS	1401 ROCKVILLE PIKE
CITY, ST, ZIP	ROCKVILLE MD
TITLE	V
NAME	PAGANO, JAMES
STREET ADDRESS	1401 ROCKVILLE PIKE
CITY, ST, ZIP	ROCKVILLE MD
TITLE	PTD
NAME	MANAKER, RALPH
STREET ADDRESS	1401 ROCKVILLE PIKE
CITY, ST, ZIP	ROCKVILLE MD
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	C.E. Rickershauser, Jr.
13 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050
14 CITY, ST, ZIP	San Diego, CA 92122
21 TITLE	D/S/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Johanna Unger
23 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050
24 CITY, ST, ZIP	San Diego, CA 92122
31 TITLE	D/T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	L.A. Guske
33 STREET ADDRESS	4370 La Jolla Village Drive, Suite 1050
34 CITY, ST, ZIP	San Diego, CA 92122
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, director, 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, unchanged, or on an attachment with an address.

SIGNATURE: *Johanna Unger* **Johanna Unger - Secretary** 7/26/95 619-546-5001

CR2E034 (3/95)