FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **333788** **(8)**

1. Corporation Name

UNC RECOVERY CORPORATION

Principal Place of Business	Mailing Address
175 ADMIRAL COCHRANE DR. %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401-4394	175 ADMIRAL COCHRANE DR. %UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401-4394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1968**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **52-0897101** ☐ 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. The corporation has liability for intangible tax under S. 199.042 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD	11 TITLE	☐ Change ☐ Addition
NAME	LANGE, RICHARD H.	12 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	13 STREET ADDRESS	
CITY ST ZIP	ANNAPOLIS MD	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, R. BRUCE	22 NAME	DELETE
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	23 STREET ADDRESS	
CITY ST ZIP	ANNAPOLIS MD	24 CITY ST ZIP	
TITLE	TS	31 TITLE	☐ Change ☐ Addition
NAME	FAHEY, JAMES P.(ASST.)	32 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR.	33 STREET ADDRESS	
CITY ST ZIP	ANNAPOLIS MD	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCLAIN, PAUL, X	42 NAME	
STREET ADDRESS	175 ADMIRAL COCHRANE DR	43 STREET ADDRESS	
CITY ST ZIP	ANNAPOLIS MD	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: James P. Fahey JAMES P. FAHEY, TREASURER 4/13/95 (410) 266-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #