

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 030 ***150.00

DOCUMENT # **333788** ✓

1. Entity Name

UNC RECOVERY CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 NEUMANN WAY

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2216

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CINCINNATI, OH

Zip Country
45215 US

City & State
SCHENECTADY, NY

Zip Country
12301-2216 US

4. FEI Number
52-0897101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City Zip Code
PLANTATION FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEE ATTACHED LIST

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13. 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **BARBARA A. MELITA** 4/24/02 (518) 433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & AT Date Daytime Phone #

2002 Officers Business and Residential Addresses

LEGAL_ENT F00099 LEGAL_ENTITY_NAME UNC Recovery Corporation

NAME	ROLE DESCRIPTION	BUSINESS ADDRESS
Paul X. McLain	Assistant Vice President	One Neumann Way Cincinnati OH 45215 US
Sharon A. Kroupa	Assistant Secretary	One Neumann Way Cincinnati OH 45215 US
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
James Fahey	Assistant Treasurer	One Neumann Way Cincinnati OH 45215 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Jeffrey S. Bornstein	Director	One Neumann Way Cincinnati OH 45215 US
William J. Vareschi	President	One Neumann Way Cincinnati OH 45215 US
Stephen P. Henderson	Secretary	One Neumann Way Cincinnati OH 45215 US
Steven Dunning	Treasurer	One Neumann Way Cincinnati OH 45215 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211
Jeffrey S. Bornstein	Vice President	One Neumann Way Cincinnati OH 45215 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US

Attachment
333784
662670