

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000006092 (0)

1. Corporation Name
UCC II, INC.



Principal Place of Business: 170 E CENTER ST MARION OH
Mailing Address: P.O. BOX 1806 MARION OH 43301-1806

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report: 02/08/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 34-1789176	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRIAN	12 NAME	
STREET ADDRESS	170 E CENTER ST	13 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNON, WALLACE	22 NAME	Dorothy Eckert
STREET ADDRESS	170 E CENTER ST	23 STREET ADDRESS	170 E. Center St.
CITY-ST-ZIP	MARION OH	24 CITY-ST-ZIP	Marion, OH 43302
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEWIT, PAUL	32 NAME	
STREET ADDRESS	170 E CENTER ST	33 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT L	42 NAME	
STREET ADDRESS	170 E CENTER ST	43 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKSON, JOHN R	52 NAME	Mary Ann Brown
STREET ADDRESS	170 E CENTER ST	53 STREET ADDRESS	7100 Mallard Creek Dr.
CITY-ST-ZIP	MARION OH	54 CITY-ST-ZIP	Horn Lake, MS 38637
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, RONALD E	62 NAME	
STREET ADDRESS	170 E CENTER ST	63 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Ronald E Beach 1/30/96 (614) 382-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytona Phone #

CR2E037 (12/95)