


FILE NOW: FILING FEE IS \$61.25

FILED

**May 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
170 E CENTER ST MARION OH	P.O. BOX 1806 MARION OH 43301-1806

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

34-1789176

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **ALLEN, BRIAN**
STREET ADDRESS **170 E CENTER ST**
CITY-ST-ZIP **MARION OH**

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** DELETE

NAME **ECKERT, DOROTHY**
STREET ADDRESS **415 WHEELER DR.**
CITY-ST-ZIP **MARION OH**

2.1 TITLE Change Addition

2.2 NAME **PD Sutch, Naida**
2.3 STREET ADDRESS **170 E Center St**
2.4 CITY-ST-ZIP **Marion OH**

TITLE **VD** DELETE

NAME **KIEWIT, PAUL**
STREET ADDRESS **1914 NORTH COLUMBIA ST.**
CITY-ST-ZIP **LANCASTER OH**

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **HART, ROBERT L**
STREET ADDRESS **170 E CENTER ST**
CITY-ST-ZIP **MARION OH**

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **WICKERSHAM, CHERYL**
STREET ADDRESS **170 E CENTER ST**
CITY-ST-ZIP **MARION OH**

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **STD** DELETE

NAME **BEACH, RONALD E**
STREET ADDRESS **170 E CENTER ST**
CITY-ST-ZIP **MARION OH**

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

Date

(740) 382-4885

Daytime Phone #

0078408

CR2E037 (10/97)