


FILE NOW: FILING FEE IS \$61.75

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90076 020 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000006092**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 34-1789176
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 NA  
 Signature, typed or printed name of registered agent, and title if applicable. (NONE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRIAN	1.2 NAME	
STREET ADDRESS	170 E CENTER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTCH, NAIDA	2.2 NAME	William Wright
STREET ADDRESS	170 E CENTER ST	2.3 STREET ADDRESS	170 E. Center Street
CITY-ST-ZIP	MARION OH	2.4 CITY-ST-ZIP	Marion, OH 43302
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEWIT, PAUL	3.2 NAME	
STREET ADDRESS	1914 NORTH COLUMBIA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER OH	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT L	4.2 NAME	
STREET ADDRESS	170 E CENTER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKERSHAM, CHERYL	5.2 NAME	
STREET ADDRESS	170 E CENTER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	5.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, RONALD E	6.2 NAME	
STREET ADDRESS	170 E CENTER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARION OH	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 2 or Block 13 in change, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] SECRETARY/Treasurer 4/19/99 (740) 382-4885  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)