

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-03-2005 90142 034 \*\*\*\*61.25  
N94000006092

05 MAY 26 AM 11:36  
STATE  
TALLAHASSEE, FLORIDA

50047017



<b>DOCUMENT # N94000006092</b> 1. Entity Name UCC II, INC.					
Principal Place of Business 170 E CENTER ST MARION, OH			Mailing Address P.O. BOX 1806 MARION, OH 43301-1806		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1789176	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BRIAN S		NAME		
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS		
CITY-ST-ZIP	MARION, OH 43302		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPELLER, MARY ANN		NAME	PD Speller, Mary Anna	
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS	170 E. Center St.	
CITY-ST-ZIP	MARION, OH 43302		CITY-ST-ZIP	Marion, OH 43302	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLUESENKAMP, WILLIAM		NAME	D Stahly, Karen	
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS	170 E. Center St.	
CITY-ST-ZIP	MARION, OH 43302		CITY-ST-ZIP	Marion, OH 43302	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, ROBERT L		NAME		
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS		
CITY-ST-ZIP	MARION, OH		CITY-ST-ZIP		
TITLE	ASTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICKERSHAM, CHERYL		NAME		
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS		
CITY-ST-ZIP	MARION, OH		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEACH, RONALD E		NAME		
STREET ADDRESS	170 E CENTER ST		STREET ADDRESS		
CITY-ST-ZIP	MARION, OH		CITY-ST-ZIP		
12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ronald E. Beach</u>			Ronald E. Beach Secretary/Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/28/05</u> 740-382-4885 <small>Daytime Phone #</small>		