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 # **P04292** **(9)**

1. Corporation Name
THE UNION INSTITUTE, INC.

Principal Place of Business	Mailing Address
440 E. MCMILLAN AVE. CINCINNATI OH 45206-1947 US	440 E. MCMILLAN AVE. CINCINNATI OH 45206-1947 US

3. Date Incorporated or Qualified: **12/10/1984**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **31-0747997** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

LOHR, CHERIE K PH.D.
VENTURE CENTRE, SUITE 102
16853 NE SECOND AVENUE
N. MIAMI BEACH FL 33162

10. **Name and Address of New Registered Agent**

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONLEY, ROBERT T		1.2 NAME		
STREET ADDRESS	440 E. MCMILLAN		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, SUSAN J		2.2 NAME		
STREET ADDRESS	440 E. MCMILLAN		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRUITT, GEORGE		3.2 NAME		
STREET ADDRESS	EDISON STATE COLLEGE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRENTON NJ		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN-MALAMUTH, LEO		4.2 NAME		
STREET ADDRESS	3151 OAK GROVE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ALAMITOS CA		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAYES, M. JOANNE		5.2 NAME		
STREET ADDRESS	30 COLETTE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	POUGHKEEPSIE NY		5.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FAY		6.2 NAME		
STREET ADDRESS	55 MONUMENT CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		6.4 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: Susan J. Wood Susan J. Wood 1/24/96 (513) 861-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)