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# FILED
# Jan 22 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 # **P04292** (9)

1. Corporation Name

THE UNION INSTITUTE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 440 E. MCMILLAN AVE.<br>CINCINNATI OH 45206-1925<br>US | 440 E. MCMILLAN AVE.<br>CINCINNATI OH 45206-1947<br>US |

3. Date Incorporated or Qualified: 12/10/1984

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 45206-1925 / Country 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**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 | D | ☐ Change ☐ Addition |
| NAME | GOODMAN-MALAMUTH, LEO | | 4.2 NAME | GOODMAN-MALAMUTH, LEO | |
| STREET ADDRESS | 3151 OAK GROVE RD | | 4.3 STREET ADDRESS | 78781 GOLDEN REED DRIVE | |
| CITY-ST-ZIP | LOS ALAMITOS CA | | 4.4 CITY-ST-ZIP | PALM DESERT CA 92211 | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | HAYES, M. JOANNE | | 5.2 NAME | HAYES, M. JOANNE | |
| STREET ADDRESS | 30 COLETTE DRIVE | | 5.3 STREET ADDRESS | 6671 SW 70TH TERRACE | |
| CITY-ST-ZIP | POUGHKEEPSIE NY | | 5.4 CITY-ST-ZIP | MIAMI FL 33143 | |
| 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 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:** Susan J. Wood REQUIRED Susan J. Wood 01/05/98 513-861-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)