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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04292**

1. Corporation Name
THE UNION INSTITUTE, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/10/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-0747997 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 45206-1925 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOHR, CHERIE K PH.D. VENTURE CENTRE, SUITE 102 16853 NE SECOND AVENUE N. MIAMI BEACH FL 33162	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	☐ Change ☐ Addition
NAME	GOODMAN-MALAMUTH, LEO		4.2 NAME	
STREET ADDRESS	78781 GOLDEN REED DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM DESERT CA 92211		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, M. JOANNE		5.2 NAME	
STREET ADDRESS	6671 SW 70TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		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	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Susan J. Wood SIGNATURE REQUIRED Susan J. Wood 01/08/99 513-861-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #