2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90112 017 ****61.25

0016111

DOCUMENT # P04292

1. Entity 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 45206-1925 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREDINNICK, MICHAEL G PH.D. VENTURE CENTRE, SUITE 102 16853 NE SECOND AVENUE N. MIAMI BEACH FL 33162	Name: Bogat, Marie D., Ph.D. Street Address (P.O. Box not acceptable): ~~Venture Centre, Suite 102~~ 16853 NE Second Avenue City: N. Miami Beach, FL 33162 **FL** 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.

SIGNATURE Marie Bogat

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

FILE NOW: FEE IS $61.25 **After September 12, 2001, min. will be $236.25**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CADWALLADER, MERCYN L 440 E. MCMILLAN ST. CINCINNATI OH 45206	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sturnick, Judith A. 440 E. McMillan Street Cincinnati, OH 45206	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD, SUSAN J 440 E. MCMILLAN CINCINNATI OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Walton, Edward E. 440 E. McMillan Street Cincinnati, OH 45206	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRUITT, GEORGE EDISON STATE COLLEGE TRENTON NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN-MALAMUTH, LEO 78781 GOLDEN REED DR PALM DESERT CA 92211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAYES, M. JOANNE 6671 SW 70TH TERRACE MIAMI FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Foley, Cheryl 221 East Fourth Street, Atrium 30 Cincinnati, OH 45201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WILLIAMS, FAY 55 MONUMENT CIRCLE INDIANAPOLIS IN	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Feldmann, Donald 8044 Montgomery Road, Ste 480 Cincinnati, OH 45236	☒ Change ☐ Addition

CR2E037 (5/01)

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: X Marie Bogat RECEIVED 8/20/01

SIGNATURE AND TITLE OR PRINTED NAME OF FORMER OFFICER OR DIRECTOR