2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90123 037 ****70.00

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
BOGAR, MARIE D PHD VENTURE CENTRE, SUITE 102 16853 NE SECOND AVENUE N. MIAMI BEACH FL 33162	Name Street Address (P.O. Box Number is Not Acceptable) City **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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 STURNICK, JUDITH A 440 E. MCMILLAN ST. CINCINNATI OH 45206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALTON, EDWARD E 440 E. MCMILLAN CINCINNATI OH 45206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PRUITT, GEORGE EDISON STATE COLLEGE TRENTON NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mr. Radford V. Ewing 14 Forest Hill Drive Cincinnati OH 45208	☐ 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	SD Dr. Marysa Navarro Dartmouth College Hanover NH 03755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOLEY, CHERYL 221 EAST FOURTH STREEET ATRIUM 30 CINCINNATI OH 45201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ms. Cheryl Foley 10555 Montgomery Road, #85 Cincinnati, Ohio 45242	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FELDMANN, DONALD 8044 MONTGOMERY RD STE 480 CINCINNATI OH 45236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Edward Feldmann REQUIRED 01/08/02 513-487-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #