

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04292

FILED
Apr 08, 2008
Secretary of State

Entity Name: UNION INSTITUTE & UNIVERSITY, INC.

Current Principal Place of Business:

440 E. MCMILLAN STREET
CINCINNATI, OH 452061925 US

New Principal Place of Business:

Current Mailing Address:

440 E. MCMILLAN STREET
CINCINNATI, OH 452061925 US

New Mailing Address:

FEI Number: 31-0747997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOGAT, MARIE D PHD
VENTURE CENTRE, SUITE 102
16853 NE SECOND AVENUE
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUBLETT, ROGER H PHD
Address: 440 E. MCMILLAN ST.
City-St-Zip: CINCINNATI, OH 45206

Title: T () Delete
Name: WALTON, EDWARD E
Address: 440 E. MCMILLAN
City-St-Zip: CINCINNATI, OH 45206

Title: DC () Delete
Name: FOLEY, CHERYL
Address: 178 GREY HAWK LANE
City-St-Zip: EDWARDS, CO 81632

Title: D () Delete
Name: LORIMER, LISA
Address: P.O. BOX 22
City-St-Zip: BRATTLEBORO, VT 05302

Title: S () Delete
Name: BONNER, ETHEL
Address: 440 E MCMILLAN ST
City-St-Zip: CINCINNATI, OH 45206

Title: D () Delete
Name: EWING, RADFORD V
Address: 14 FOREST HILL DRIVE
City-St-Zip: CINCINNATI, OH 45208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: LORIMER, LISA
Address: P.O. BOX 22
City-St-Zip: BRATTLEBORO, VT 05302

Title: D (X) Change () Addition
Name: FOLEY, CHERYL
Address: 178 GREY HAWK LN
City-St-Zip: EDWARDS, CO 81632

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD E WALTON

T

04/08/2008

Electronic Signature of Signing Officer or Director

Date