2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90153 043 ****61.25

DOCUMENT # P04292

1. Entity Name

~~THE UNION INSTITUTE, INC.~~
Union Institute & University, INC

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

CHECK HERE IF MAKING CHANGES

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
BOGAT, 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. I am familiar with, and accept the obligations of registered agent.

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 Florida 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	Acting President Roger H. Sublett ☒ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLEY, CHERYL 10555 MONTGOMERY ROAD #85 CINCINNATI OH 45242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NAVARRO, MARYSA DARTMOUTH COLLEGE HANOVER NH 03755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EWING, RADFORD V 14 FOREST HILL DRIVE CINCINNATI OH 45208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE Edward Eldridge CFO 01/14/03 513-861-6400
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Telephone Number

CR2E037 (10/02)