

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04292

Entity Name: UNION INSTITUTE & UNIVERSITY, INC.**Current Principal Place of Business:**440 E. MCMILLAN STREET
CINCINNATI, OH 45206-1925**Current Mailing Address:**440 E. MCMILLAN STREET
CINCINNATI, OH 45206-1925 US**FEI Number:** 31-0747997**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEEHN, JAY MARC
4601 SHERIDAN STREET
SUITE 400
HOLLYWOOD, FL 33021 US*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:** JAY MARC KEEHN

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SCHUSTER-WEBB, KAREN
Address	440 E. MCMILLAN STREET
City-State-Zip:	CINCINNATI OH 45206-1925

Title	CHAIRMAN
Name	VAN DUELMAN, CHRISTINE
Address	440 E. MCMILLAN STREET
City-State-Zip:	CINCINNATI OH 45206-1925

Title	TREASURER
Name	FELDMANN, DON
Address	440 E. MCMILLAN STREET
City-State-Zip:	CINCINNATI OH 45206-1925

Title	VC
Name	BYAS, KIM
Address	440 E. MCMILLAN STREET
City-State-Zip:	CINCINNATI OH 45206-1925

Title	CFO
Name	CARROLL, KENNETH
Address	440 E MCMILLAN ST
City-State-Zip:	CINCINNATI OH 45206

Title	CONTROLLER
Name	JONES, KAREN A
Address	440 E MCMILLAN ST
City-State-Zip:	CINCINNATI OH 45206

I hereby 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 all other like empowered.

SIGNATURE: KAREN A JONES**CONTROLLER**

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date