

2015 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:** Yes**Name and Address of Current Registered Agent:**GEORGE, DAVID
3800 HILLCREST DRIVE #522
HOLLYWOOD, FL 33201 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SUBLETT, ROGER HPHD
Address	440 E. MCMILLAN ST.
City-State-Zip:	CINCINNATI OH 45206

Title	VC
Name	ALLBEE, ROGER
Address	440 E. MCMILLAN ST
City-State-Zip:	CINCINNATI OH 45206-1925

Title	TREASURER
Name	LOBERT, SANDRA
Address	440 E. MCMILLAN ST
City-State-Zip:	CINCINNATI OH 45206-1925

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

Title	BOARD. SECRETARY
Name	GRACE, SUSAN
Address	440 E MCMILLAN ST
City-State-Zip:	CINCINNATI OH 45206

Title	V.P, FINANCE & CFO
Name	CUNNINGHAM, THOMAS J
Address	440 E. MCMILLAN STREET
City-State-Zip:	CINCINNATI OH 45206-1925

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: THOMAS J. CUNNINGHAM

VP FINANCE & CFO

01/26/2015

Electronic Signature of Signing Officer/Director Detail_____
Date