

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **333788** (8)
1. Corporation Name
UNC RECOVERY CORPORATION

Principal Place of Business 175 ADMIRAL COCHRANE DR. UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401-4394	Mailing Address 175 ADMIRAL COCHRANE DR. UNC INCORPORATED - TAX DEPARTMENT ANNAPOLIS MD 21401-4394
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 PO BOX 2216 27 Suite, Apt. #, etc. 28 SCHENECTADY NY 29 Zip 12301-2216 30 Country		3. Date Incorporated or Qualified 08/14/1968	
				4. FEI Number 52-0897101	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSP PEVENSTEIN, ROBERT L 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	**SEE ATTACHED LIST** <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FAHEY, JAMES P.(ASST.) 175 ADMIRAL COCHRANE DR. ANNAPOLIS MD <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. VP MCLAIN, PAUL, X 175 ADMIRAL COCHRANE DR ANNAPOLIS MD <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  **MARK E. BUCHANAN, VP & ASST. TREASURER 4/30/98**

CR2E034 (10/97)

For Year: 1998

4/28/98

100133	UNC Recovery Corporation 52089/101	
Name	Title	Business Address
Jeffrey S. Bornstein	Director	1 Neumann Way Cincinnati OH 45215 US
Jeffrey S. Bornstein	Vice President	1 Neumann Way Cincinnati OH 45215 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Steven Durning	Treasurer	1 Neuman Way Cincinnati OH 45215 US
Jim Fahey	Assistant Treasurer	175 Admiral Cochrane Drive Annapolis 21401 US
Stephen P. Henderson	Secretary	1 Neumann Way Cincinnati OH 45215 US
Sharon A. Kroupa	Assistant Secretary	
Paul X. McLain	Assistant Vice President	175 Admiral Cochrane Drive Annapolis 21401 US
William J. Vareschi	President	1 Neumann Way Cincinnati OH 45215
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211