

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90072 049 ***150.00

DOCUMENT # 333788

1. Corporation Name

UNC RECOVERY CORPORATION

Principal Place of Business

175 ADMIRAL COCHRANE DR.
UNC INCORPORATED - TAX DEPARTMENT
ANNAPOLIS MD 21401-4394

Mailing Address

PO BOX 2216
SCHENECTADY NY 12301-216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1968

4. FEI Number

52-0897101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE
NAME BORNSTEIN, JEFFREY S
STREET ADDRESS 1 NEUMANN WAY
CITY-ST-ZIP CINCINNATI OH 45215

TITLE TS ☐ DELETE
NAME FAHEY, JAMES P.(ASST.)
STREET ADDRESS 175 ADMIRAL COCHRANE DR.
CITY-ST-ZIP ANNAPOLIS MD

TITLE PD ☐ DELETE
NAME MCLAIN, PAUL, X
STREET ADDRESS 175 ADMIRAL COCHRANE DR
CITY-ST-ZIP ANNAPOLIS MD

TITLE ATVP ☐ DELETE
NAME BUCHANAN, MARK E
STREET ADDRESS 12 CORPORATE WOODS BLVD
CITY-ST-ZIP ALBANY NY 12211

TITLE T ☐ DELETE
NAME DUNNING, STEVEN
STREET ADDRESS 1 NEUMAN WAY
CITY-ST-ZIP CINCINNATI OH 45215

TITLE AT ☒ DELETE
NAME FAHEY, JI
STREET ADDRESS 175 ADMIRAL COCHRANE DR
CITY-ST-ZIP ANNAPOLIS FL 21401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VAT ☐ Change ☒ Addition
1.2 NAME BARBARA A. MELITA
1.3 STREET ADDRESS 12 CORPORATE WOODS BLVD.
1.4 CITY-ST-ZIP ALBANY, NY 12211

2.1 TITLE AT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ASST. V PRES. ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ATVP ☐ Change ☒ Addition
6.2 NAME YANOVER, FRANK
6.3 STREET ADDRESS 12 CORPORATE WOODS BLVD
6.4 CITY-ST-ZIP ALBANY NY 12211

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, with all other like empowered.

SIGNATURE *Barbara A. Melita* VP & ASST. TREASURER 4/22/99

518-433-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0544755