# FILED
# May 17, 2002 8:00 am
# Secretary of State

05-17-2002 90041 030 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 333788

1. Entity Name
UNC RECOVERY CORPORATION

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1 NEUMANN WAY | P.O. BOX 2216 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| CINCINNATI, OH | SCHENECTADY, NY |
| Zip: 45215 / Country: US | Zip: 12301-2216 / Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-0897101 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | | TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP | |
|---|---|---|---|
| | SEE ATTACHED LIST | | |
| | | | |
| | | | |
| | | | **DO NOT WRITE IN THIS SPACE** |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** B A Melita — BARBARA A. MELITA — 4/24/02 — (518) 433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — VP & AT — Date — Daytime Phone #

CR2E034B (12/01)

STF FL32381F.1

# 2002 Officers Business and Residential Addresses

**LEGAL_ENT** F00099 **LEGAL_ENTITY_NAME** UNC Recovery Corporation

| NAME | ROLE_DESCRIPTION | BUSINESS ADDRESS |
|---|---|---|
| Paul X. McLain | Assisant Vice President | One Neumann Way Cincinnati OH 45215 US |
| Sharon A. Kroupa | Assistant Secretary | One Neumann Way Cincinnati OH 45215 US |
| Barbara A. Melita | Assistant Treasurer | 12 Corporate Woods Boulevard Albany NY 12211 US |
| Frank Yanover | Assistant Treasurer | 12 Corporate Woods Blvd. Albany NY 12211 |
| James Fahey | Assistant Treasurer | One Neumann Way Cincinnati OH 45215 US |
| Mark E. Buchanan | Assistant Treasurer | 12 Corporate Woods Boulevard Albany NY 12211 US |
| Jeffrey S. Bornstein | Director | One Neumann Way Cincinnati OH 45215 US |
| William J. Vareschi | President | One Neumann Way Cincinnati OH 45215 US |
| Stephen P. Henderson | Secretary | One Neumann Way Cincinnati OH 45215 US |
| Steven Dunning | Treasurer | One Neumann Way Cincinnati OH 45215 US |
| Barbara A. Melita | Vice President | 12 Corporate Woods Boulevard Albany NY 12211 US |
| Frank Yanover | Vice President | 12 Corporate Woods Blvd. Albany NY 12211 |
| Jeffrey S. Bornstein | Vice President | One Neumann Way Cincinnati OH 45215 US |
| Mark E. Buchanan | Vice President | 12 Corporate Woods Boulevard Albany NY 12211 US |

Attachment # 333748 662670