



2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91044 004 ***150.00

DOCUMENT # 333788					
1. Entity Name UNC RECOVERY CORPORATION					
Principal Place of Business 1 NUEMANN WAY CINCINNATI, OH 45215			Mailing Address PO BOX 2216 SCHENECTADY, NY 12301-216 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 52-0897101	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME MELLTA, BARBARA A STREET ADDRESS 12 CORPORATE WOODS BLVD CITY-ST-ZIP ALBANY, NY 12211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BORNSTEIN, JEFFREY S STREET ADDRESS ONE NEUMANN WAY CITY-ST-ZIP CINCINNATI, OH 45215	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MCLAIN, PAUL, X STREET ADDRESS 175 ADMIRAL COCHRANE DR CITY-ST-ZIP ANNAPOLIS, MD	<input type="checkbox"/> Delete		TITLE VP NAME STREET ADDRESS 1 NEUMANN WAY CITY-ST-ZIP CINCINNATI, OH 45215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ATVP NAME BUCHANAN, MARK E STREET ADDRESS 12 CORPORATE WOODS BLVD CITY-ST-ZIP ALBANY, NY 12211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DUNNING, STEVEN STREET ADDRESS 1 NEUMAN WAY CITY-ST-ZIP CINCINNATI, OH 45215	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ATVP NAME YANOVER, FRANK STREET ADDRESS 12 CORPORATE WOODS BLVD CITY-ST-ZIP ALBANY, NY 12211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Barbara A. Melita 4/22/04		(518) 433-4338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #