



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMERON, BARBARA A 12 CORPORATE WOODS BLVD ALBANY, NY 12211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNSTEIN, JEFFREY S ONE NEUMANN WAY CINCINNATI, OH 45215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLAIN, PAUL, X 1 NEUMANN WAY CINCINNATI, OH 45215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP BUCHANAN, MARK E 12 CORPORATE WOODS BLVD ALBANY, NY 12211	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNNING, STEVEN 1 NEUMAN WAY CINCINNATI, OH 45215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		BARBARA A. CAMERON Date 4/10/16 Daytime Phone # 518-433-4337



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-0897101

Applied For
Not Applicable

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

1100000556723
05/17/06-80021-010 150.00

**DO NOT WRITE
IN THIS SPACE**