

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333788

FILED
Apr 19, 2011
Secretary of State

Entity Name: UNC RECOVERY CORPORATION

Current Principal Place of Business:

1 NUEMANN WAY
CINCINNATI, OH 45215 US

New Principal Place of Business:

1 NEUMANN WAY
CINCINNATI, OH 45215 US

Current Mailing Address:

PO BOX 2216
SCHENECTADY, NY 123012216 US

New Mailing Address:

FEI Number: 52-0897101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V
Name: CAMERON, BARBARA A
Address: 12 CORPORATE WOODS BLVD
City-St-Zip: ALBANY, NY 12211 US

Title: D
Name: BORNSTEIN, JEFFREY
Address: 901 MAIN AVE
City-St-Zip: NORWALK, CT 06851 US

Title: T
Name: DUNNING, STEVEN
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215 US

Title: P
Name: VARESCHI, WILLIAM
Address: 1 NEUMANN WAY
City-St-Zip: CINCINNATI, OH 45215 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A CAMERON

V

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date