FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91513 030 ***150.00

10089804

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.
City & State: CINCINNATI, OH	City & State: SCHENECTADY, NY
Zip: 45215 / Country: U.S.	Zip: 12301-2216 / Country: U.S.

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. I am familiar with, and accept the obligations of registered agent.

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

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

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	** PLEASE SEE ATTACHED LIST**		
			DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BAMelita — BARBARA A. MELITA — 4/22/03 — (518)433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F00099-UNC Recovery Corporation

Report Date: 04/22/2003

Federal ID : 52-0897101

Tax Year : 2003 Rpt Mth : 3

Name	Title	Business Address
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 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
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211
James Fahey	Assistant Treasurer	One Neumann Way Cincinnati OH 45215 US
Jeffrey S. Bornstein	Director	One Neumann Way Cincinnati OH 45215 US
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
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
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
Stephen P. Henderson	Secretary	One Neumann Way Cincinnati OH 45215 US
Steven Dunning	Treasurer	One Neumann Way Cincinnati OH 45215 US
William J. Vareschi	President	One Neumann Way Cincinnati OH 45215 US

Attachment
100898004
333788