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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 453950 (8)

1. Corporation Name

UNIT DISTRIBUTION, INC.



Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
STE 1200  
JACKSONVILLE FL 32207  
US

1301 RIVERPLACE BLVD  
STE 1200  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
VDS  
MOORE, DANIEL D  
STREET ADDRESS  
1301 RIVERPLACE BLVD STE 1200  
CITY- ST- ZIP  
JACKSONVILLE, FL 00000

TITLE  
NAME  
T  
DUNN, JR. E  
STREET ADDRESS  
500 W. MONROE  
CITY- ST- ZIP  
CHICAGO IL

TITLE  
NAME  
DP  
NICOSIA, JOSEPH A.  
STREET ADDRESS  
1301 RIVERPLACE BLVD STE 1200  
CITY- ST- ZIP  
JACKSONVILLE, FL 00000

TITLE  
NAME  
D  
GARDNER, MICHAEL J.  
STREET ADDRESS  
1301 RIVERPLACE BLVD #1200  
CITY- ST- ZIP  
JACKSONVILLE FL

TITLE  
NAME  
AT  
BRANDT, SANDRA  
STREET ADDRESS  
500 W. MONROE  
CITY- ST- ZIP  
CHICAGO IL

TITLE  
NAME  
AS  
LEVIN, JOHN  
STREET ADDRESS  
500 W. MONROE  
CITY- ST- ZIP  
CHICAGO IL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(904)396-2517

Daytime Phone #

CR2E034 (12/95)