

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90091 002 \*\*\*150.00

DOCUMENT # **849875**

1. Entity Name

**Universal Pensions, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**431 Golf Course Dr.**

Suite, Apt. #, etc.

**P.O. Box 979**

City & State

**Brainerd, MN**

Zip

**56401**

Country

3. Mailing Address

**3435 Stelzer Rd.**

Suite, Apt. #, etc.

**Suite 1000**

City & State

**Columbus, OH**

Zip

**43219**

Country

**Franklin**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**41-1246679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**The Prentice-Hall Corp.**

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

**1207 Nys Street**

Suite

City **Tallahassee**

FL

Zip Code **32301**

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when consenting)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**SEE  
ATTACHED**

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02**

Date

Day/Date/Phone #

CR2E034B (12/01)

Universal Pensions, Inc.  
Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director/CEO	Lynn J. Mangum	90 Park Avenue 10th FL, New York, NY 10016
SVP/CFO/Treasurer	Andrew C. Corbin	90 Park Avenue 10th FL, New York, NY 10016
EVP/COO/Director	Dennis Sheehan	90 Park Avenue 10th FL, New York, NY 10016
EVP/Secretary	Kevin J. Dell	90 Park Avenue 10th FL, New York, NY 10016
Executive Vice President	Mark J. Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	John P. Gilliam	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219
President	Christopher M. Guarino	323 Norristown Road, Ambler PA 19002

*Handwritten:*  
#849875  
660648  
~~Attachment~~