

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 011 ***150.00

DOCUMENT # **849875**
1. Entity Name
Universal Pensions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
431 Golf Course Drive
Suite. Apt. #, etc.

3. Mailing Address
3435 Stelzer Road
Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Brainerd, MN

City & State
Columbus, OH

4. FEI Number
41-1246679

Applied For
Not Applicable

Zip
56401

Country
US

Zip
43219

Country
US

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
The Prentice-Hall Corp.

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

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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

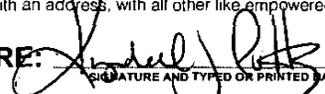
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	See Attached List	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  Kyndall J. Potts, V.P. (614) 470-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Universal Pensions, Inc.**Corporate Officers & Directors**

Position	Name	Business Address
CEO/Director	Russell P. Fradin	90 Park Avenue 10th FL, New York, NY 10016
EVP/CFO/Treasurer/Director	James L. Fox	100 Summer ST., Ste1401,Boston, MA 02110
EVP/Secretary	Kevin J. Dell	90 Park Avenue 10th FL, New York, NY 10016
Asst. Secretary	Edward S. Forman	245 5th Avenue, 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
Vice President	Kyndall J. Potts	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219