

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90100 028 \*\*\*150.00

**DOCUMENT # 849875**

1. Entity Name  
**UNIVERSAL PENSIONS, INC.**



Principal Place of Business  
**431 GOLF COURSE DR NO  
BRAINERD, MN 56401**

Mailing Address  
**3435 STELZER ROAD  
COLUMBUS, OH 43219**

2. Principal Place of Business  
**14221 Golf Course Dr N**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**Baxter, MN**

City & State

Zip  
**56425**

Country

Zip

Country

04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-1246679**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**DCEO  
FRADIN, RUSSELL P  
90 PARK AVENUE, 10TH FLOOR  
NEW YORK, NY 10016** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CFOD  
FOX, JAMES L  
100 SUMMER ST., STE 1401  
BOSTON, MA 02110** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**EVPS  
DELL, KEVIN J  
90 PARK AVENUE, 10TH FLOOR  
NEW YORK, NY 10016** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**EVP  
RYBARCZYK, MARK J  
11 GREENWAY PLAZA  
HOUSTON, TX 77046** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
GUARINO, CHRISTOPHER M  
3435 NORRISTOWN RD  
AMBLER, PA 19002** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD  
POTTS, KYNDALL J  
3435 STELZER ROAD, SUITE 1000  
COLUMBUS, OH 43219** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PRESIDENT  
ROBERT W. GUILLOCHEAU  
200 DRYDEN RD  
DRESHER, PA 19025** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VICE PRESIDENT** ☒ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*Kyndall Potts*

Date

Daytime Phone #

*614-470-3260*