

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 857524 (3)

1. Corporation Name
UNITED CREDITORS ALLIANCE CORPORATION

Principal Place of Business
2323 LAKE CLUB DR
COLUMBUS OH 43232

Mailing Address
2323 LAKE CLUB DR
COLUMBUS OH 43232

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1983

4. FEI Number

31-1073209

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE PD
NAME SCHULTZ, RICHARD D.
STREET ADDRESS 700 LAKE DRIVE
CITY-ST-ZIP BOCA RATON FL
☒ DELETE

TITLE STD
NAME MONNETT, KENNETH E
STREET ADDRESS 1630 RIDGEWAY PL.
CITY-ST-ZIP COLUMBUS, OH 00000
☒ DELETE

TITLE D
NAME FISH, STANLEY R.
STREET ADDRESS 1205 WEDGEFIELD LANE
CITY-ST-ZIP NEW ALBANY OH
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME MICHAEL F REEVES
1.3 STREET ADDRESS 2323 LAKE CLUB DR
1.4 CITY-ST-ZIP COLUMBUS OH 43232
☒ Change ☐ Addition

2.1 TITLE CFO
2.2 NAME MICHAEL A BRADY
2.3 STREET ADDRESS 2323 LAKE CLUB DR
2.4 CITY-ST-ZIP COLUMBUS OH 43232
☒ Change ☐ Addition

3.1 TITLE SECRETARY
3.2 NAME JOHN H LEFEVRE
3.3 STREET ADDRESS 3680 VICTORIA ST NORTH
3.4 CITY-ST-ZIP SHOREVIEW MN 55126-2966
☒ Change ☐ Addition

4.1 TITLE DIRECTOR
4.2 NAME LAWRENCE J MOSNER
4.3 STREET ADDRESS 3680 VICTORIA ST NORTH
4.4 CITY-ST-ZIP SHOREVIEW MN 55126-2966
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 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

7/11/1998

CR2E034 (5/98)