2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001577

Entity Name: UCC XIV, INC.

Apr 25, 2006 Secretary of State

170 E. CENTER STREET MARION, OH 43302

Current Mailing Address: New Mailing Address:

PO BOX 1806 MARION, OH 433010180

FEI Number: 86-1055043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BERTSCH, JOHN ALLEN, BRIAN S Name: Name: 170 E. CENTER ST. Address: 170 E. CENTER ST. Address: City-St-Zip: MARION, OH 43302 City-St-Zip: MARION, OH 43302

Title: VD () Delete Title: (X) Change () Addition ECKERT, DOROTHY Name: SPELLER, MARY ANNA Name:

Address: 170 E. CENTER ST. Address: 170 E. CENTER ST. City-St-Zip: MARION, OH 43302 City-St-Zip: MARION, OH 43302

Title: STD () Delete Title: () Change () Addition

BEACH, RONALD E Name: Name: 170 E. CENTER ST. Address: Address: City-St-Zip: MARION, OH 43302 City-St-Zip:

Title: ASTD () Delete Title: () Change () Addition

WICKERSHAM, CHERYL L Name: Name: Address: 170 E. CENTER ST. Address: City-St-Zip: MARION, OH 43302 City-St-Zip:

Title: AVD () Delete Title: AVP (X) Change () Addition

ALLEN, BRIAN S Name: Name: STAHLY, KAREN 170 E CENTER ST. 170 E CENTER ST. Address: Address: City-St-Zip: MARION, OH 43302 City-St-Zip: MARION, OH 43302

Title: () Delete Title: (X) Change () Addition

COOLEY, ROGER HART, ROBERT Name: Name: Address: 170 E. CENTER ST. Address: 170 E. CENTER ST. MARION, OH 43302 MARION, OH 43302 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD E. BEACH STD 04/25/2006