2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F03000001577

Entity Name: UCC XIV, INC.

Current Principal Place of Business:

170 E. CENTER STREET
MARION, OH 43302

New Principal Place of Business:

Current Mailing Address:

PO BOX 1806
MARION, OH 433010180

New Mailing Address:

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	AVP	( ) Delete
Name:	ALLEN, BRIAN S	
Address:	170 E. CENTER ST.	
City-St-Zip:	MARION, OH 43302	
Title:	PD	( ) Delete
Name:	SPELLER, MARY ANNA	
Address:	170 E. CENTER ST.	
City-St-Zip:	MARION, OH 43302	
Title:	STD	( ) Delete
Name:	BEACH, RONALD E	
Address:	170 E. CENTER ST.	
City-St-Zip:	MARION, OH 43302	
Title:	ASTD	( ) Delete
Name:	WICKERSHAM, CHERYL L	
Address:	170 E. CENTER ST.	
City-St-Zip:	MARION, OH 43302	
Title:	AVP	( ) Delete
Name:	STAHLY, KAREN	
Address:	170 E CENTER ST.	
City-St-Zip:	MARION, OH 43302	
Title:	D	( ) Delete
Name:	HART, ROBERT	
Address:	170 E. CENTER ST.	
City-St-Zip:	MARION, OH 43302	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/28/2008

Electronic Signature of Signing Officer or Director — Date