2004 NOT-FOR-PROFIT CORPORATION

FILED Mar 18, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # F97000005988** 03-18-2004 90016 005 ****61.25 POLISH NATIONAL UNION OF AMERICA INC. Principal Place of Business Mailing Address 44019083 1006 PITTSTON AVENUE 1006 PITTSTON AVENUE SCRANTON, PA 18505 SCRANTON, PA 18505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E037 (10/03) Chg-NP Applied For City & State 4. FEI Number City & State 24-0692664 Not Applicable Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **CHIEF FINANCIAL OFFICER** Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61:25 Florida Department of State Trust Fund Contribution. 🕟 Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITLE lst V Wachna, Martin Jr. KOTULA, EDMUND NAME NAME 421 S Church Rd 51 FRANKLIN AVENUE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP Bensenville IL 60106 CITY-ST-7IP WALLINGTON, NJ 07057 2nd V □ Change TITLE ☐ Addition TITLE Delete WISNIEWSKI, HERNY NAME NAME Wisniewski, Michael STREET ADDRESS **451 HILLCREST DRIVE** STREET ADDRESS 8950 Echo Lake Drive NE ABERDEEN, MD 21001 CITY-ST-ZIP Warren OH 44484 CITY-ST-ZIP Addition -يؤام لايا الحاصوب X Change TITLE Deletë TITLE NAME . KISKA, STANLEY Stankowski, Mari Jane NAME STREET ADDRESS 3046 NORLAND AVENUE 1025 Pittston Avenue Scranton PA 18505 STREET ADDRESS CITY-ST-ZIP CARNEGIE, PA 15106 COV-ST-7IP Delete TITLE ☐ Change Addition TITLE RUDA, DENNIS REV NAME Cwikla, Jan S. NAME STREET ADDRESS 41 HARRY L DRIVE STREET ADDRESS 623 Main St

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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-782

MILE

NAME

TITLE

NAME

Avoca PA 18641

Park Ridge

Jugan, Irene

144 Columbia Dr

Pittsburgh PA

Maycan, Robert 1425 S. Crescent Ave.

IL 60068

15236

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

JOHNSON CITY, NY 13730

2222 NORTH SPOJNIA ROAD

NEMKOVICH, ROBERT M REV

115 LAKE SCRANTON RD

SCRANTON, PA 18505

WACHNA, MARTIN JR.

MCHENRY, IL 60050

6 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

☐ Delete

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Addition

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2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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| DOCUMENT #F9700005988 1. Entity Name POLISH NATIONAL UNION OF AMERICA INC. | | | | | | | | |
| 1006 PITTSTON AVENUE 10 | | Mailing Address 1006 PITTSTON AVENUE SCRANTON, PA 18505 | | | | | | |
| JOIN TON, T | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01082004 Chg | -NP | CR2E037 (10 | | plied For |
| City & State | | City & State Zip Country | | 24-0692664 | 24-0692664 Not Applicable | | | |
| Zip | Country | | | 5. Certificate of State | | Fee F | Required | |
| - | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Addre | ss of New F | Registered Agent | | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) | | | | | (P.O. Box Number is Not Acceptable) | | | |
| 200 E. GAI | NES ST SSEE, FL 32399-0000 | | | | | | | |
| | | | City | | | FL | ip Code | |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its re | gistered office or re | gistered agent, or both, in th | e State of Fl | orida. I am familia | ar with, a | and accept |
| | | | ٠ | | | | | |
| SIGNATURE". | | and title if applicable . (NOTE: E | Paristered Agent signature (| required when rainstating) | | DATE | | |
| | Signature, typed or printed name of registered agent | | | required when reinstating) | | DATE | rabla ta | |
| SIGNATURE | Signature, typed or printed name of registered agent : Filling Fee is \$61.25 Due by May 1, 2004 | 9. Election Camp Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees | Flo | Make check pay rida Departmen | t of St | ate |
| 10. | Signature, typed of printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF | 9. Election Camp Trust Fund Co | paign Financing ntribution. | \$5.00 May Be Added to Fees ADDITIONS/CHANGES | Flo | Make check pay rida Departmen | ORS IN | 10 |
| g 1 | Signature, typed of printed name of registered agent of Filling Fee is \$81.25 Due by May 1, 2004 | 9. Election Camp Trust Fund Co | paign Financing ntribution. | S5.00 May Be Added to Fees ADDITIONS/CHANGES D Zarek, Michael 363 Lindsey St Attleboro MA 0 | FIO OFFICE | Make check pay rida Departmen | t of St | ate |
| 10. TITLE NAME STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIF P KOTULA, EDMUND 51 FRANKLIN AVENUE WALLINGTON, NJ 07057 V WISNIEWSKI, HERNY 451 HILLCREST DRIVE | 9. Election Camp Trust Fund Co | naign Financing ntribution. 11. TITLE NAME STREET ADDRESS | \$5.00 May Be Added to Fees ADDITIONS/CHANGES D Zarek, Michael | FIO OFFICE 2703 | Make check pay rida Departmer ERS AND DIRECT | ORS IN | 10 |
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SIGNATURE: SKENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CARECTOR

570-144-1573