## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

POLISH NATIONAL UNION OF AMERICA INC.

## FILED Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90500 036 \*\*\*\*61.25

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DOCUMENT #	F97000005988	
1. Entity Name	1070000000	

TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRES					WE THE						
100. PITTSTON APENJE   SCANION PA 18505   SCANION	Principal Pla	ace of Business	Mailing Address								
SCRAMTON PA 18556  \$CRAMTON PA 1	1006 PITTSTO	N AVENUE	-								
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Suite, Apt. # etc.   CHECK HERE IF MAKINIG CHANCES    COM & State   Company   Check Plant   Check Pl			T A								
CITY & State    County				115/00 1	in Auk						
SCANATION   S. Country   So. S. Status Desired   So. TS Additional Fee Required   So. Name and Address of Naw Registered Agent   Name and Address   Name and Address of Naw Registered Agent   Name and Address   N	Suite, Ap	i. #, eic.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN			F MAKING	CHANGES	3	
SCANATION   S. Country   So. S. Status Desired   So. TS Additional Fee Required   So. Name and Address of Naw Registered Agent   Name and Address   Name and Address of Naw Registered Agent   Name and Address   N	City & Sta	ate	City & State								
Zip 9535				N PA	ĺ	4. FEI Number 24-(	)692664				
S. Certificate of Struck Desired   Struc	Zin	_ Country	<del>                                     </del>								
S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Na	18	505 USA	18505	USA		<ol><li>Certificate of Statu</li></ol>	us Desired				
INSURANCE COMMISSIONER - STATE OF FLORIDA 200 GAINES STREET, DIV. OF INS. SERVICES LARSON BUILDING, 3RD FLOOR TALLAHASSEE FL 32399-0327  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature lipsacor primes rame of registered agent.   MOTE Registered agent agen				. ]"	1 oo maqanaa						
INSURANCE COMMISSIONER - STATE OF FLORIDA 200 GAINES STREET, DIV. OF INS. SERVICES LARSON BUILDING, 3RD FLOOR TALLAHASSEE FL. 32389-0327  6. 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   Signa				Name	1		-	3.0.0.0.0			
200 GAINES STREET, DIV. OF INS. SERVICES LARSON BUILDING, 3RD FLOOR TALLAHASSEE FI. 323990327  City  City  FL  Zip Code  Addictor Foes  Added to Fees  Added	INSURAN	NCE COMMISSIONER - STATE OF I	FI ORIDA								
LARSON BUILDING, 3RD FLOOR TAILAHASSEE FL 32399-0327  6. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)							
TALLÀHASSEE FI. 32399-0327  City FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE    Signature   Special or printed rame of registered agent.   MOTE Registered Agent special-re registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligations of registered agent.   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept the colligation   The State of Florida is a marrial and accept				-						<del></del>	
B. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or privered name of registered agent and site il applicable   (NOTE: Registered Agent agenture equival whem reinstating)   DATE	~	•					-				
SIGNATURE    Signature   Signa	17 10000 10	TOCKE I'E GEOOG GOE!		City				FL	Zip Cod	de	
SIGNATURE    Signature   Signa	8. The above	e named entity submits this statement for	the purpose of changing its re	eaistered office o	r registere	ed agent, or both, in the	State of Flor	ida Lam f	 amiliar with	and accord	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 10  TITLE NOW: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 10  TITLE NAME SITERT ADDRESS OFFI-ST-2P  WALLINGTON NJ 07057  TITLE NAME WISNIEWSKI, HERNY SIRET ADDRESS OFFI-ST-2P  WALLINGTON NJ 07057  TITLE  D	the obliga	itions of registered agent.		ogiotoroa omica o	rrogistore	a agont, or both, in the	Olate of Flor	iua, raiiri	ALTHION WILLI,	, and accept	
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FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signal	ture required v	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees							The same of the sa				
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   NAME			9. Election Camp	oalon Financino		\$5.00 v	Mak	a Chark	Davable	to	
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NAME   STREET ADDRESS	TITLE	P	☐ Delete	TITLE	GC.				Change	☐ Addition	
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WALINGTON N 0/05/  WALINGTON N 0	STREET ADDRESS	51 FRANKLIN AVENUE		STREET ADDRESS			IN C				
WISNIEWSKI, HERNY STREET ADDRESS CITY-ST-ZIP ABERDEEN MD 21001  WISNIEWSKI, MICHAEL 850 Echo Lake Dr NE Warren OH 44484  Delete WISNIEWSKI, MICHAEL 850 Echo Lake Dr NE Warren OH 44484  NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS ST	CITY-ST-ZIP	WALLINGTON NJ 07057		CITY-ST-ZIP							
WISNIEWSKI, HERNY 451 HILLCREST DRIVE ABERDEEN MD 21001  TITLE D NAME KISKA, STANLEY 3046 NORLAND AVENUE CITY-ST-ZIP CARNEGIE PA 15106  TITLE D RUDA, DENNIS REV 41 HARRY L DRIVE JOHNSON CITY NY 13730  TITLE D RUDA, DENNIS REV 41 HARRY L DRIVE JOHNSON CITY NY 13730  TITLE D WACHNA, MARTIN JR VACHNA, MARTIN JR VISNIEWSKI, MICHAEL STREET ADDRESS CITY-ST-ZIP CARNEGIE PA 15106  TITLE D PARKNAWE STREET ADDRESS CITY-ST-ZIP CHARGE CITY-ST-	TITLE	V	☐ Delete	TITLE		<del>OW PA-1844</del>	4		[7] Change	Addition	
STREET ADDRESS CITY-ST-ZIP  ABERDEEN MD 21001  Delete  KISKA, STANLEY  STREET ADDRESS CITY-ST-ZIP  NAME  KISKA, STANLEY  SORRET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  KISKA, STANLEY  SORRET ADDRESS CITY-ST-ZIP  NAME  NAWICHARA  STREET ADDRESS CITY-ST-ZIP  NAME  RUDA, DENNIS REV  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  NAME  RUDA, DENNIS REV  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELET  TOTAL  NAME  STREET ADDRESS CITY-ST-ZIP  DELET  STREET ADDRESS CITY-ST-ZIP  DELET  STREET ADDRESS CITY-ST-ZIP  DELET  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  DELET  STREET ADDRESS CITY-ST-ZIP  MOMULTRAY  PA 15317  Change  Addition  Addition  Addition  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  MOST REV. Robert M. Nemkovich  STREET ADDRESS CITY-ST-ZIP  MOST REV. Robert M. Nemkovich  STREET ADDRESS CITY-ST-ZIP  MOST REV. Robert M. Nemkovich  STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505	NAME	WISNIEWSKI, HERNY		NAME	_				- unango		
ABENJEEN MD_21001    Delete	STREET ADDRESS			STREET ADDRESS	WISN	IEWSKI, MICH	AEL				
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A1 HARRY L DRIVE JOHNSON CITY NY 13730  DITLE VAME VACHNA, MARTIN JR STREET ADDRESS A21 SCHURCH ST DEITHE STREET ADDRESS AME STREET ADDRESS CITY-ST-ZIP SCRANTON PA 18505  SCRANTON PA 18505	NAME	RUDA. DENNIS REV		NAME		navy Robert			onlings	Accidion	
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WACHNA, MARTIN JR STREET ADDRESS AME  WACHNA, MARTIN JR STREET ADDRESS AVE CITY-ST-ZIP  BENSENVILLE J GO106  WACHNA, MARTIN JR STREET ADDRESS CITY-ST-ZIP  BENSENVILLE J GO106  WACHNA, MARTIN JR STREET ADDRESS CITY-ST-ZIP  BENSENVILLE J GO106  WACHNA, MARTIN JR STREET ADDRESS CITY-ST-ZIP  BENSENVILLE J GO106  WACHNA, MARTIN JR STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505  TITLE T Stankowski, Mari Jane STREET ADDRESS 1025 Pittston Ave Scranton PA 18505	CITY-ST-ZIP	Ť		CITY-ST-ZIP				_			
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STREET ADDRESS   421 SCHURCH ST   STREET ADDRESS   1025 Pittston Ave   STREET ADDRESS   1025 Pittston Ave   SCHURCH ST   S	NAMÉ	I <del>-</del>		i I	Štani	kowski, Mari	Jane				
BENSENVILLE   IL 60106   CITY-ST-ZIP   Scranton PA 18505     TITLE   D	STREET ADDRESS I		j	STREET ADDRESS	1025	Pittston Av	е				
TITLE D Change Addition  SWANTEK, JOHN F STREET ADDRESS CITY-ST-ZIP  D Change Addition  NAME Most Rev. Robert M. Nemkovich STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505  TITLE D Most Rev. Robert M. Nemkovich STREET ADDRESS CITY-ST-ZIP SCRANTON PA 18505	CITY-ST-ZIP		)106	CITY-ST-ZIP							
SWANTEK, JOHN F  STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505  NAME  Most Rev. Robert M. Nemkovich STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505  NAME  STREET ADDRESS CITY-ST-ZIP  SCRANTON PA 18505	TITLE			TITLE					Chanas	<b>□ V A</b> <i>d</i> <b>J B</b> :	
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CITY-ST-ZIP SCRANTON PA 18505 SCRANTON PA 18505	STREET ADDRESS							"VOV TCI	1		
	CITY-ST-ZIP										
	<b>12.</b> I hereby c		his filing does not qualify for th	e exemption state	ed in Sect	ion 119.07(3)(i) Florida	Statutes I fi	irther certif	v that the in	oformation	

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.

SIGNATURE:

2/2/03 570-3111-1513