

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H31230 (6)

1. Corporation Name

UNIT DISTRIBUTION OF NEW JERSEY, INC.



Principal Place of Business

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

Mailing Address

1301 GULF LIFE DR., STE. 1800  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
11/26/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1301 Riverplace Blvd.

4. FEI Number

59-2467915

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

25 32207 29 US

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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          | DV                     | <input type="checkbox"/> DELETE            |
| NAME           | MOORE, DANIEL D.       |                                            |
| STREET ADDRESS | 1800 GULF LIFE TOWER   |                                            |
| CITY-STATE-ZIP | JACKSONVILLE FL        |                                            |
| TITLE          | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | DUNN, E. PAUL JR.      |                                            |
| STREET ADDRESS | 120 RIVERSIDE PLAZA    |                                            |
| CITY-STATE-ZIP | CHICAGO IL             |                                            |
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELSTON, WILLIAM S.     |                                            |
| STREET ADDRESS | 1800 GULF LIFE TOWER   |                                            |
| CITY-STATE-ZIP | JACKSONVILLE FL        |                                            |
| TITLE          | S                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MATSON, J. MICHAEL     |                                            |
| STREET ADDRESS | 1800 GULF LIFE TOWER   |                                            |
| CITY-STATE-ZIP | JACKSONVILLE FL        |                                            |
| TITLE          | V                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | HEINEN, PAUL A.        |                                            |
| STREET ADDRESS | 120 S RIVERSIDE PLAZA  |                                            |
| CITY-STATE-ZIP | CHICAGO IL             |                                            |
| TITLE          | AS                     | <input type="checkbox"/> DELETE            |
| NAME           | LEVIN, JOHN D.         |                                            |
| STREET ADDRESS | 120 S. RIVERSIDE PLAZA |                                            |
| CITY-STATE-ZIP | CHICAGO IL             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |                                                                                         |
|--------------------|-----------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE          | V/S/D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | Daniel D. Moore             |                                                                                         |
| 1.3 STREET ADDRESS | 1301 Riverplace Blvd. #1800 |                                                                                         |
| 1.4 CITY-STATE-ZIP | Jacksonville, FL 32207      |                                                                                         |
| 2.1 TITLE          | T                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Brian A. Kenney             |                                                                                         |
| 2.3 STREET ADDRESS | 500 West Monroe             |                                                                                         |
| 2.4 CITY-STATE-ZIP | Chicago IL 60661            |                                                                                         |
| 3.1 TITLE          | PD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 3.2 NAME           | Joseph A. Nicosia           |                                                                                         |
| 3.3 STREET ADDRESS | 1301 Riverplace Blvd. #1800 |                                                                                         |
| 3.4 CITY-STATE-ZIP | Jacksonville, FL 32207      |                                                                                         |
| 4.1 TITLE          | D                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Michael J. Gardner          |                                                                                         |
| 4.3 STREET ADDRESS | 1301 Riverplace Blvd. #1800 |                                                                                         |
| 4.4 CITY-STATE-ZIP | Jacksonville, FL 32207      |                                                                                         |
| 5.1 TITLE          | AT                          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Sandra K. Brandt            |                                                                                         |
| 5.3 STREET ADDRESS | 500 West Monroe             |                                                                                         |
| 5.4 CITY-STATE-ZIP | Chicago, IL 60661           |                                                                                         |
| 6.1 TITLE          | AS                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | John D. Levin               |                                                                                         |
| 6.3 STREET ADDRESS | 500 West Monroe             |                                                                                         |
| 6.4 CITY-STATE-ZIP | Chicago, IL 60661           |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(904) 396-0517

Daytime Phone #

CR2E034 (12/95)