FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K44637 (2)

1. Corporation Name

UNIT DISTRIBUTION OF BLOOMINGTON, INC.

Principal Place of Business	Mailing Address
1301 GULF LIFE DRIVE. SUITE 1600 JACKSONVILLE FL 32207	1301 GULF LIFE DRIVE. SUITE 1600 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1988
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	21	1301 Riverplace Blvd.	
Suite, Apt. #, etc.	22	Suite 1200	
City & State	23	Jacksonville, FL	
Zip	24	32207	
Country	25	USA	
2a. Mailing Address	26	1301 Riverplace Blvd.	
Suite, Apt. #, etc.	27	Suite 1200	
City & State	28	Jacksonville, FL	
Zip	29	32207	
Country	30	USA	

4. FEI Number: 59-2917895 ☐ Applied For ☐ Not Applicable

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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	P/D	☑ Change ☐ Addition
NAME	ELSTON, WILLIAM S	12 NAME	Joseph A. Nicosia	
STREET ADDRESS	1600 GULF LIFE TOWER	13 STREET ADDRESS	1301 Riverplace Blvd., Ste 1200	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	T	21 TITLE	T	☑ Change ☐ Addition
NAME	DUNN, PAUL E., JR.	22 NAME	E. Paul Dunn Jr.	
STREET ADDRESS	120 RIVERSIDE PLAZA	23 STREET ADDRESS	500 W. Monroe	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	Chicago, IL	
TITLE	DV	31 TITLE	D/V/S	☑ Change ☐ Addition
NAME	MOORE, DANIEL D.	32 NAME	Daniel D. Moore	
STREET ADDRESS	1600 GULD LIFE TOWER	33 STREET ADDRESS	1301 Riverplace Blvd., Ste 1200	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	S	41 TITLE	D	☑ Change ☐ Addition
NAME	MATSON, J. MICHAEL	42 NAME	Michael J. Gardner	
STREET ADDRESS	1600 GULF LIFE TOWER	43 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	51 TITLE	AT	☑ Change ☐ Addition
NAME	HEINEN, PAUL A.	52 NAME	Sandra K. Brandt	
STREET ADDRESS	120 S RIVERSIDE PLAZA	53 STREET ADDRESS	500 W. Monroe	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	Chicago, IL 606061	
TITLE	AS	61 TITLE	AS	☑ Change ☐ Addition
NAME	LEVIN, JOHN D.	62 NAME	John D. Levin	
STREET ADDRESS	120 S RIVERSIDE PLAZA	63 STREET ADDRESS	500 W. Monroe	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	Chicago, IL 606061	

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)(i), 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: Daniel D. Moore 4/28/95 (904) 396-2517
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0016100 CP