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 # L03564 (6)

1. Corporation Name

UNIT DISTRIBUTION OF MISSOURI, INC.

Principal Place of Business
1301 RIVERPLACE BLVD
1200
JACKSONVILLE FL 32207
US

Mailing Address
1301 GULF LIFE DRIVE, STE 1800
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 07/21/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc.
27 Suite 1200
City & State
28 Jacksonville, FL
Zip 29 32207 Country 30 US

4. FEI Number: 59-2962515 ☐ 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 HAYES ST.
STE. 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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DANIEL D		1.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NICOSIA, JOSEPH A		2.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☑ Addition
NAME	E PAUL DUNN JR		3.2 NAME	Brian A. Kenney	
STREET ADDRESS	500 W MONROE		3.3 STREET ADDRESS	500 West Monroe	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Chicago IL 60661	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, MICHAEL J		4.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, JOHN D.		5.2 NAME		
STREET ADDRESS	500 W MONROE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANDT, SANDRA K		6.2 NAME		
STREET ADDRESS	500 W MONROE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

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] 1/22/96 (904) 396-2517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel D. Moore

CR2E034 (12/95)