

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 # M12150 (2)

1. Corporation Name

UNICROM, INC.



Principal Place of Business

C/O BORDEN, INC. TAX DEPT.
180 E. BROAD ST 25TH FLOOR
COLUMBUS OH 43215

Mailing Address

C/O BORDEN, INC. TAX DEPT.
180 E. BROAD ST 25TH FLOOR
COLUMBUS OH 43215

3. Date Incorporated or Qualified
03/05/1985

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2532505

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYES ST.
STE. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME GOLNER, JERRY J.
STREET ADDRESS 1 CLARK STREET
CITY-ST-ZIP N. ANDOVER MA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME MILLER, W.J.
STREET ADDRESS 1 CLARK STREET
CITY-ST-ZIP N. ANDOVER MA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME DIEKER, L. L.
STREET ADDRESS 180 EAST BROAD STREET
CITY-ST-ZIP COLUMBUS OH

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVS ☒ DELETE
NAME KELLY, DAVID A.
STREET ADDRESS 277 PARK AVE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME STEVEN C. DOVE
4.3 STREET ADDRESS 180 EAST BROAD STREET
4.4 CITY-ST-ZIP COLUMBUS, OH 43215-3799

TITLE D ☐ DELETE
NAME SHEEHAN, JAMES M.
STREET ADDRESS 1 CLARK STREET
CITY-ST-ZIP N. ANDOVER MA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PAVUK, FRANK E.
STREET ADDRESS 1 CLARK STREET
CITY-ST-ZIP N. ANDOVER MA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C. DOVE 4/25/95 (614) 225-4479

Date

Daytime Phone #

CR2E034 (12/95)