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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M83767 (7)

1. Corporation Name  
UNIT DISTRIBUTION OF EAST HANOVER, INC.

Principal Place of Business

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

Mailing Address

1301 RIVERPLACE BLVD  
SUITE 1200  
JACKSONVILLE FL 32207-9023  
US

3. Date Incorporated or Qualified 06/02/1988  
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2894601  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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 (Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

|       |               |                    |                                 |  |
|-------|---------------|--------------------|---------------------------------|--|
| TITLE | NAME          | STREET ADDRESS     | CITY - ST - ZIP                 | <input type="checkbox"/> DELETE            |
|       | KENNEY, BRIAN | 500 W MONROE       | CHICAGO IL                      |  |
|       | DV            | MOORE, DANIEL D    | 1800 GULF LIFE TOWER            | <input checked="" type="checkbox"/> DELETE |
|       |               | JACKSONVILLE FL    |                                 |  |
|       | DP            | NICOSIA, JOSEPH A  | 1301 RIVERPLACE BLVD SUITE 1200 | <input type="checkbox"/> DELETE            |
|       |               | JACKSONVILLE FL    |                                 |  |
|       | AS            | LEVIN, JOHN D.     | 120 S. RIVERSIDE PLAZA          | <input type="checkbox"/> DELETE            |
|       |               | CHICAGO IL         |                                 |  |
|       | S             | MATSON, J. MICHAEL | 1800 GULF LIFE TOWER            | <input checked="" type="checkbox"/> DELETE |
|       |               | JACKSONVILLE FL    |                                 |  |
|       | DVS           | MOORE, DANIEL D    | 1301 RIVERPLACE BLVD SUITE 1200 | <input checked="" type="checkbox"/> DELETE |
|       |               | JACKSONVILLE FL    |                                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing 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: *Michael J. Gardner* Michael J. Gardner 01/20/97 (904) 396-2517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)