2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000993

Entity Name: UCC XVI, INC.

FILED Apr 29, 2005 Secretary of State

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|---|---|---|---|--|
| Current P | rincipal Place of Business: | New Principal Place | New Principal Place of Business: | |
| P.O.BOX | NTER STREET .1806 OH 43301-180 | | | |
| Current M | lailing Address: | New Mailing Addres | New Mailing Address: | |
| P.O.BOX | NTER STREET 1806 OH 43301-180 | | | |
| FEI Number: | : 20-0675199 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Current Registered Agent: | Name and Address | of New Registered Agent: | |
| C T CORPORATION SYSTEM C/O C T CORPORATION SYTEM 1200 SOUTH PINE INLAND ROAD PLANTATION, FL 33324 US | | 2731 EXECUTIVÉ PA | NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVES, SUITE 4 WESTON, FL 33331 US | |
| | named entity submits this statement for the e of Florida. | e purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATU | RE: TRACI SMITH, ASSISTANT SECRET | ARY | 04/29/2005 | |
| | Electronic Signature of Registered A | gent | Date | |
| OFFICERS | S AND DIRECTORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete COOLEY, ROGER 29647 INDIAN RIDGE COVE WESTLAKE, OH 44145 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () Delete DUFFY, VIRGINIA 2921 TIMBERVIEW DR. CINCINNATI, OH 45211 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () Delete ALLEN, BRIAN S 170 E. CENTER STREET MARION, OH 43302 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST () Delete BEACH, RONALD E 170 E. CENTER STREET MARION, OH 43302 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () Delete WICKERSHAM, CHERYL L 170 E. CENTER STREET MARION, OH 43302 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | M () Delete EDWARDS, THOMAS 1647 MONTER AVENUE LOUISVILLE, OH 44641 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD E. BEACH ST 04/29/2005