

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04292**

1. Entity Name  
**UNION INSTITUTE & UNIVERSITY, INC.**



Principal Place of Business  
**440 E. MCMILLAN STREET  
CINCINNATI, OH 45206-1925 US**

Mailing Address  
**440 E. MCMILLAN STREET  
CINCINNATI, OH 45206-1925 US**



01122005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-0747997**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BOGAT, MARIE D PHD  
VENTURE CENTRE, SUITE 102  
16853 NE SECOND AVENUE  
N. MIAMI BEACH, FL 33162**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SUBLETT, ROGER H
STREET ADDRESS	440 E. MCMILLAN ST.
CITY-ST-ZIP	CINCINNATI, OH 45206
TITLE	T
NAME	WALTON, EDWARD E
STREET ADDRESS	440 E. MCMILLAN
CITY-ST-ZIP	CINCINNATI, OH 45206
TITLE	DC
NAME	FOLEY, CHERYL
STREET ADDRESS	10555 MONTGOMERY ROAD #85
CITY-ST-ZIP	CINCINNATI, OH 45242
TITLE	D
NAME	FELDMANN, DONALD
STREET ADDRESS	WINTON ASSOCIATES
CITY-ST-ZIP	CINCINNATI, OH 45236
TITLE	S
NAME	BONNER, ETHEL
STREET ADDRESS	440 E MCMILLAN ST
CITY-ST-ZIP	CINCINNATI, OH 45206
TITLE	D
NAME	EWING, RADFORD V
STREET ADDRESS	14 FOREST HILL DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45208

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01/25/05-80088-018 70.00

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IN THIS SPACE**

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Edward E. Walton*, CFO/Treasurer **01/12/05 513-487-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #