

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 013 ***150.00

0545101

*PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P12439

1. Corporation Name

UNUM CORPORATION

Principal Place of Business

Mailing Address

**1209 ORANGE STR
WILMINGTON DE 19801
US**

**1209 ORANGE STR
WILMINGTON DE 19801
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1986

4. FEI Number

93-0926270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTS** ☐ DELETE

NAME **HORNE, A.M.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE**

1.1 TITLE ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **FERRUCCI, M. A.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE**

1.2 NAME ☐ Change ☐ Addition

TITLE **SVD** ☐ DELETE

NAME **LUTTHANS, KIM E.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **VAS** ☐ DELETE

NAME **DENNY, C. M.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VAS** ☒ DELETE

NAME **WILLIAMS, M. L.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON DE**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *S. Ferrucci* **A. FERRUCCI** 4/26/99 (302)658-7581

CR2E034 (11/98)