May 03, 1999 8:00 am Secretary of State

05-03-1999 90015 013 ***150.00

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

'PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P12439

Corporation Name

UNUM C	ORPORATION							81811 818 12 1 86 2
Principal Place	e of Rusiness	Mailing Address						
Principal Place of Business 1209 ORANGE STR WILMINGTON DE 19801 US Mailing Address 1209 ORANGE STR WILMINGTON DE 19801 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						12/10/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				93-0926270		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired	
City & State	6	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year	_	ran-
24	25 29 30		30			Personal Property Tax.	☐ Yes	₩ No
	9. Name and Address of Curre	int Registered Agent	_ 	B1	Name	10. Name and Address of New Register	eu Agent	
CT C	CORPORATION SYSTEM		Ĺ					
1200 S. PINE ISLAND ROAD			\8	B2	Street Add	dress (P.O. Box Number is Not Acceptable))
PLANTATION FL 33324			8	83				
			 -	_				C-d-
			8	84 City		F	FL 85 Zip	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age	e of Florida. Such change was pations of, Section 607.0505, Fl	authorized t orida Statut	es.	ine corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	oponiunent as n	egistered
12.		ND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	VTS	☐ DELETE 1.1		1.1 TITLE			☐ Change	Addition :
NAME	HORNE, A.M.		1.2 NAM	ΙE				
STREET ADDRESS	1209 ORANGE STREET		1.3 STRE	EET /	ADDRESS			
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY	′-ST-	-ZiP			
TITLE	PD	☐ DELETÉ	2.1 TTTLE	E		:	Change	Addition
NAME	FERRUCCI, M. A.		2.2 NAM		1			
STREET ADDRESS	1209 ORANGE STREET		2.3 STREE		ADDRESS			Í
CITY-ST-ZIP	WILMINGTON DE		2.4 CITY	_	ZIP		Change	Addition
TITLE	SVD	☐ DELETE	3.1 TITLE		ľ			
NAME	LUTTHANS, KIM E.		3.2 NAM					
STREET ADDRESS	1209 ORANGE STREET				ADDRESS			
CITY-ST-ZIP	WILMINGTON DE	☐ DELETE	3.4. CITY 4.1 TITLE	_	-ZIP		Change	Addition
TITLE NAME	VAS DENNY, C. M.		4. 2 NAM		Ì		_ ,	
STREET ADDRESS	1209 ORANGE STREET				ADDRESS			
CITY-ST-ZIP	WILMINGTON DE		4.4 CITY					
TITLE	VAS	XX DELETE	5.1 TITLE	_			☐ Change	☐ Addition
NAME	WILLIAMS, M. L.		5.2 NAM	Œ	-			
STREET ADDRESS	1209 ORANGE STREET		5.3 STRI	EET/	ADDRESS			
CITY-ST-ZIP	WILMINGTON DE		5.4 CITY	-ST-	-ZIP			
TITLE		☐ DELETE	6.1 TITU	Ē			Change	Addition
NAME			6.2 NAM	Æ				
CTDEET ADDOCCE	1		8.3 STR/	EET!	ADDRESS			

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIMMETUPLEMENTA REMODA. FERRUCCI

4/26/99

(302)658-7581