

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P34562** (9)

1. Corporation Name

**UST DISTRIBUTORS, INC.**



Principal Place of Business

**125 WEST 55TH ST  
11TH FLOOR  
NEW YORK NY 10019  
US**

Mailing Address

**BISYS. 3435 STELTZER ROAD  
ATTEN: CORP TAX  
COLUMBUS OH 43219  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**07/03/1991**

3a. Date of Last Report

**11/14/1995**

4. FLI Number

**13-3618472**

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

10. Name and Address of New Registered Agent

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, or both, if applicable

(NOTE: Registered Agent signature is optional)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLUNDIN, WILLIAM B.	
STREET ADDRESS	125 WEST 55TH STREET 11TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10019	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MINTOS, STEPHEN G	
STREET ADDRESS	3435 STELTZER ROAD	
CITY - ST - ZIP	COLUMBUS OH 43219	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	STIERWALT, RICHARD E.	
STREET ADDRESS	20 HERITAGE HILL	
CITY - ST - ZIP	NORWALK CT	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	DWYER, CATHERINE T	
STREET ADDRESS	BISYS 150 CLOVE ROAD	
CITY - ST - ZIP	LITTLE FALLS NJ 07424	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	SMITH, DALE W	
STREET ADDRESS	3435 STELTZER ROAD	
CITY - ST - ZIP	COLUMBUS OH 43219	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	MCMULLAN, ROBERT J	
STREET ADDRESS	BISYS 150 CLOVE RD	
CITY - ST - ZIP	LITTLE FALLS NJ 07424	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)