LEIDY THO Form 5								
February 02,						OMB A	PPROVAL	
FORM Check this no longer si	UNITED S	TATES SECUR Was	RITIES ANI Shington, D.	OMB Number: Expires:	3235-0362 January 31, 2005			
to Section 1 Form 4 or F 5 obligation may continu	Form ANNU ns ue.	JAL STATEME OWNER	NT OF CH RSHIP OF S	Estimated average burden hours per response 1.0				
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported								
1. Name and Ac LEIDY THC	ldress of Reporting P DMAS	Symbol UNIVE	Name and Tick ST CORP O YLVANIA	F	5. Relationship of Issuer (Check	Reporting Per		
(Last)	(First) (M	,	(Month/Day/Year)Off		X Director Officer (give t below)		% Owner ner (specify	
316 LEIDY	ROAD	12,01,2	000					
	(Street)		ndment, Date (hth/Day/Year)	Driginal	6. Individual or Joi (check	int/Group Rej	-	
SOUDERTC	DN, PA 18964				_X_ Form Filed by C Form Filed by M Person			
(City)	(State) (2	Zip) Tabl	e I - Non-Deri	vative Securities Ac	quired, Disposed of,	or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code	4. Securities Acquired (A) or Disposed of (D)	5. Amount of Securities Beneficially	6. Ownership Form:	7. Nature of Indirect Beneficial	

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3, Amount	(A) o of (D)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
COMMON	Â	Â	Â	Â	Â	Â	84,198.8501 (1) (3)	D	Â
COMMON	Â	Â	Â	Â	Â	Â	9,009.7683 (2) (3)	I	Spouse
COMMON	Â	Â	Â	Â	Â	Â	15,451 <u>(3)</u>	I	Consistory - Immanuel Church
COMMON	Â	Â	Â	Â	Â	Â	1,324 <u>(3)</u>	Ι	Trustee - G. Dale

Edgar Filing: LEIDY THOMAS - Form 5

								Derstine 401k Plan
COMMON Â	Â	Â	Â	Â	Â	2,401 (<u>3)</u>	I	Trustee - Homer C. Kulp
COMMON Â	Â	Â	Â	Â	Â	189,000 <u>(3)</u>	I	Trustee - Deferred Salary Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(A) (D)

SEC 2270 (9-02)

of

Shares

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Inste 2		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I S Fi
					(Instr. 3, 4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number		(I:

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
1 0	Director	10% Owner	Officer	Other					
LEIDY THOMAS 316 LEIDY ROAD SOUDERTON, PA 1896		Â	Â	Â					
Signatures									
Wallace H. 0 Bieler 0	2/02/2006								
<u>**</u> Signature of Reporting Person	Date								

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) DOES INCLUDE 46,915.7264 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN.
- (2) DOES INCLUDE 6,096.6442 SHARES ACQUIRED ON OR AFTER AUGUST 15, 1996 THROUGH THE DIVIDEND REINVESTMENT PLAN.
- (3) DOES INCLUDE THE 3 FOR 2 STOCK SPLIT IN THE FORM OF A STOCK DIVIDEND ISSUED APRIL 29, 2005.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.