



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/16/2004	200419703074	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

COHEN TODD KITE & STANFORD LLC
MATTHEW KITE
250 E FIFTH ST STE 1200
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1476782**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RECEPTIONS CONFERENCE CENTERS, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200419703074

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 14th day of July, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State

Last Revised: May 2002

The undersigned, being at least a majority of the incorporators of Receptions Conference Centers, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is _____

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

Ohio

45202

(City)

(Zip Code)

Authorized Representative

Date _____

Authorized Representative

Date _____

Authorized Representative

Date _____

The Undersigned,

Terrence A. Mire

, named herein as the

Statutory agent for,

Receptions Conference Centers, Inc.

_____, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:

Terrence A. Mignone
(Statutory Agent)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

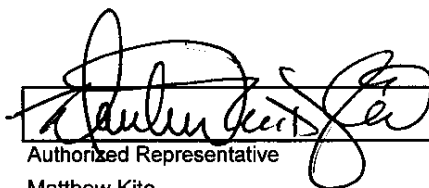
(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
representative
(See Instructions)



Authorized Representative

Matthew Kite

(print name)

7/9/04

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date