DOC ID ----> 200606500518

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 03/06/2006 | 200606500518 | DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS) | 25.00 | 100.00 | .00 | .00 | .00 |

**Receipt**

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

JOHN CARROLL UNIVERSITY
JANETTA M. HAMMOCK, ASSISTANT TO PRESIDENT/ SEC. TO BOARD
20700 N PARK BLVD
UNIVERSITY HEIGHTS, OH 44118

# STATE OF OHIO
# CERTIFICATE
## Ohio Secretary of State, J. Kenneth Blackwell

**7849**

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

**JOHN CARROLL UNIVERSITY**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC AGENT SUBSEQUENT APPOINTMENT** | **200606500518** |

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 3rd day of March, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200606500518

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

| Expedite this Form: (Select One) | |
|---|---|
| Mail Form to one of the Following: | |
| (X) Yes | PO Box 1390<br>Columbus, OH 43216<br>*** Requires an additional fee of $100 *** |
| ( ) No | PO Box 788<br>Columbus, OH 43216 |

# STATUTORY AGENT UPDATE

*(For Domestic or Foreign, Profit or Non-Profit)*
**Filing Fee $25.00**

THE UNDERSIGNED DESIRING TO FILE A:

***(CHECK ONLY ONE (1) BOX)***

| (1) Subsequent Appointment of Agent | (2) Change of Address of an Agent | (3) Resignation of Agent |
|---|---|---|
| [x] Corp [ ] LP (165-AGS)<br>[ ] LLC (171-LSA) | [ ] Corp [ ] LP (145-AGA)<br>[ ] LLC (144-LAD) | [ ] Corp [ ] LP (155-AGR)<br>[ ] LLC (153-LAG) |

***Complete ALL of the general information in this section for the box checked above.***

**Name of Entity** John Carroll University

**Charter or Registration No.** 7849

**Name of Current Agent** Edward Glynn, S.J.

***Complete the information in this section if box (1) is checked.***

**Name and Address of New Agent**

Robert L. Niehoff, S.J.
*(Name)*

2520 Miramar Boulevard
*(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

| Univ Hts | Cuyahoga | Ohio | 44118 |
|---|---|---|---|
| *(City)* | *(County)* | *(State)* | *(Zip Code)* |

## ACCEPTANCE OF APPOINTMENT

The Undersigned, Robert L. Niehoff, S.J., named herein as the Statutory agent for, John Carroll University, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: R L Niehoff S.J.
(Statutory Agent)

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

DOC ID ----> 200606500518

**Complete the information in this section if box (2) is checked.**

**Old Address of Agent**

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) (Zip Code)

**New Address of Agent**

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) Ohio (State) (Zip Code)

**Complete the information in this section if box (3) is checked.**

**Is this agent resigning?** ☐ Yes ☐ No

**Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed**

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

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

Jonathan C Ivec
Authorized Representative

2/23/06
Date