



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/17/2006	200626802928	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

THE ACADEMY OF GREATER CINCINNATI
8401 MONTGOMERY ROAD
CINCINNATI, OH 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1242464**

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

THE ACADEMY OF GREATER CINCINNATI, INC.

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

Document(s)
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
200626802928



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 16th day of October, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State

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:**
☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216
STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

2006 OCT 16 PM 1:07

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)**(1) Subsequent Appointment of Agent**
☒ Corp ☐ LP (165-AGS)
☐ LLC (171-LSA)
(2) Change of Address of an Agent
☐ Corp ☐ LP (145-AGA)
☐ LLC (144-LAD)
(3) Resignation of Agent
☐ Corp ☐ LP (155-AGR)
☐ LLC (153-LAG)
Complete ALL of the general information in this section for the box checked above.Name of Entity The Academy of Greater Cincinnati, Inc.Charter or
Registration No. 1242464Name of Current Agent Michael E. Samuels**Complete the information in this section if box (1) is checked.**Name and Address of
New AgentDr. Christine Neville

(Name)

Academy of G. C., 8401 Montgomery Rd

(Street)

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

Cincinnati

(City)

Hamilton

(County)

Ohio

(State)

45236

(Zip Code)

ACCEPTANCE OF APPOINTMENTThe Undersigned, Dr. Christine Neville, named herein asthe Statutory agent for, The Academy of Greater Cincinnati, Inc., hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature:

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

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

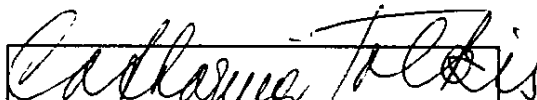
**Current or last known address
of the entity's principal office
where a copy of this Resignation
of Agent was sent as of the date
of filing or prior to the date filed**

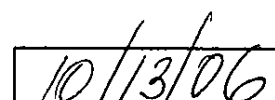
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) (State) (Zip Code)

REQUIRED

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


Authorized Representative


Date