



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/24/2008	200820501506	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**161555**

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

THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION

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

Document(s)
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
200820501506



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 July, A.D.
2008.

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

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

Name of Entity The Cleveland Clinic Educational Foundation

Charter or
Registration No. 161555

Name of Current Agent Michael J. Meehan

RECEIVED
 SECRETARY OF STATE
 2008 JUL 16 PM 3:51
 CLIENT SERVICE CENTER

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

Name and Address of
New Agent CT Corporation System
 (Name)
1300 East 9th Street
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Cleveland Cuyahoga Ohio 44114
 (City) (County) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, CT Corporation System, named herein as

the Statutory agent for, The Cleveland Clinic Educational Foundation, hereby acknowledges and
 accepts the appointment of statutory agent for said entity.

Signature:

Samantha Jones, Asst. Secretary CT Corporation System
 (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

07/09/2008
Date