DOC ID ----> 201308600651

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 03/27/2013 | 201308600651 | DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS) | 25.00 | .00 | | .00 | .00 |

**Receipt**

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

JOHN CARROLL UNIVERSITY
ATTN: JAMES P. CROSBY
1 JOHN CARROLL BLVD.
UNIVERSITY HEIGHTS, OH 44118

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**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** | **201308600651** |

**Effective Date: 03/25/2013**

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 27th day of March, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201308600651

**Form 521 Prescribed by:**
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
*www.OhioSecretaryofState.gov*
*Busserv@OhioSecretaryofState.gov*

**Mail this form to one of the following:**

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing **(Two-business day processing time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

# Statutory Agent Update
## Filing Fee: $25

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

(1) Subsequent Appointment of Agent
- [X] Corp (165-AGS)
- [ ] LP (165-AGS)
- [ ] LLC (171-LSA)
- [ ] Business Trust (171-LSA)
- [ ] Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- [ ] Corp (145-AGA)
- [ ] LP (145-AGA)
- [ ] LLC (144-LAD)
- [ ] Business Trust (144-LAD)
- [ ] Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- [ ] Corp (155-AGR)
- [ ] LP (155-AGR)
- [ ] LLC (153-LAG)
- [ ] Partnership (153-AGR)
- [ ] Business Trust (153-LAG)
- [ ] Real Estate Investment Trust (153-LAG)

Name of Entity: John Carroll University

RECEIVED
MAR 25 2013
SECRETARY OF STATE

Charter, License or Registration No.: 7849

Name of Current Agent: Maria G. Alfaro-Lopez

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

Name and Address of New Agent

James P. Crosby
Name of Agent

1 John Carroll Blvd.
Mailing Address

Cleveland Heights
City

Ohio
State

44118-4581
Zip Code

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**Complete the information in this section if box (1) is checked and business is an Ohio entity**

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, James P. Crosby (Name of Agent), named herein as the statutory agent for John Carroll University (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: James P. Crosby

Individual Agent's Signature/Signature on behalf of Corporate Agent

☒ **If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

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

New Address of Agent

Mailing Address

City | Ohio (State) | Zip Code

☐ **If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

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

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

Mailing Address

City | State | Zip Code

DOC ID ----> 201308600651

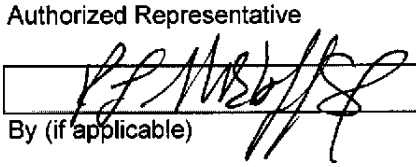
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

John Carroll University
Authorized Representative


By (if applicable)

Robert L. Niehoff S.J.
Print Name

Authorized Representative

By (if applicable)

Print Name