



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/30/2014	201417801459	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

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

SISTERS OF THE INCARNATE WORD
CONGREGATIONAL LEADER
6618 PEARL ROAD
PARMA HTS, OH 44130

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
195760

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

SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Effective Date: 06/27/2014

Document No(s):

201417801459



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
30th day of June, A.D. 2014.

Ohio Secretary of State



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
Bussserv@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

- ☒ 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

SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT

Charter, License or Registration No.

195760

Name of Current Agent

SR. CAROL TOBLER

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

Name and Address
of New Agent

SR. MARY ROSE KOCAB

Name of Agent

6618 PEARL RD.

Mailing Address

PARMA HEIGHTS

City

Ohio
State44130-3808
Zip Code

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,

SR. MARY ROSE KOCAB
Name of Agent

, named herein as the

statutory agent for

SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT
Name of Business Entity

hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature:

Sr. Mary Rose Kocab, SIW

Individual Agent's Signature / Signature on behalf of Business Serving as Agent

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

New Address of Agent

Mailing Address

City

Ohio
State

Zip Code

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

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.

Sr. Carol Tobler, SIW
Authorized Representative

By (if applicable)

Sr. Carol Tobler, SIW
Print Name

Authorized Representative

By (if applicable)

Print Name