



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/18/2019	201901702422	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00

Receipt

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

SHUMAKER LOOP & KENDRICK, LLP
JENNA FELLER
1000 JACKSON STREET
TOLEDO, OH 43604

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
1253653

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE U.T. FOUNDATION REAL ESTATE CORP.

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

Document(s)

SUBSEQUENT AGENT APPOINTMENT

Effective Date: 01/16/2019

Document No(s):

201901702422



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
18th day of January, A.D. 2019.


Ohio Secretary of State

Form 521 Prescribed by:

OFFICE OF THE
Ohio Secretary of State


Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 486-3910

www.OhioSecretaryofState.govBusserv@OhioSecretaryofState.govFile online or for more information: www.OHBusinessCentral.com

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

For screen readers, follow instructions located at this path.

Statutory Agent Update

Filing Fee: \$25

Form Must Be Typed

(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-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity The U.T. Foundation Real Estate Corp.Charter, License or Registration No. 1253653Name of Current Agent William G. Fischer**Complete the information in this section if box (1) is checked**

Name and Address of New Agent

Sharon M. Fulop

Name of Agent

1000 Jackson Street

Mailing Address

Toledo

City

OH

State

43604

ZIP Code

 RECEIVED
SECRETARY OF STATE
2019 JAN 16 PM 3:12
CLIENT SERVICE

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, Sharon M. Fulop, named herein as the
Name of Agent

statutory agent for The U.T. Foundation Real Estate Corp., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Sharon M. Fulop
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

OH

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

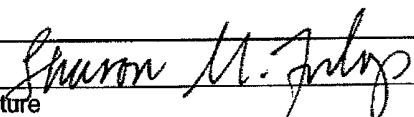
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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.


Signature

By (if applicable)

Sharon M. Fulop, Authorized Representative
Print Name

Signature

By (if applicable)

Print Name