

DATE: 09/10/2002 DOCUMENT ID 200225202050

DESCRIPTION
DOMESTIC/REINSTATEMENT (REN)

FILING

EXPED

PENALTY

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Receipt

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

OHIO BUSINESS ROUNDTABLE 2240 HUNTINGTON CENTER COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

827497

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

OHIO BUSINESS ROUNDTABLE

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200225202050



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 9th day of September, A.D. 2002.

(Cureth Hackmell

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)

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PO Box 1390

Columbus, OH 43216

Requires an additional fee of \$100 ***

No PO Box 788

Columbus, OH 43216

REINSTATEMENT

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$25.00

	(, 0, 2	Fi	ling Fee \$2	5.00	,	. [2	a `
THE UNDERSIGNED DESIRING TO FILE A:						·	4
(CHECK ONLY ONE (1)	BOX)						
(1) Reinstatement & Appointment of Agent for failure to maintain a statutory agent)		(2) Reinstatement & Agent for a Foreign (for failure to maintain a statutor (111-FREA)		n Corporation	Corpor (for failure to file	atement of a Non-Proration a statement of continued (109-RENN)	PH 12
(4) Reinstatement of a Limited Liability climited Liability for failure to file annual or biens THIS FORM MUST BE ACCOMBIENNIAL REPORTS WITH FILE	(for failure to file annua R) (110-RENP) NQUENT ANNUAL OR THIS FORM MUST BE A			nnual or biennial r	ment of a Professional Corporation and or biennial reports) BE ACCOMPANIED BY ALL DELINQUENT HIAL REPORTS WITH FILING FEES		
Complete ALL of the gen	eral information in	this section	for the box c	hecked above.			
Name of Entity	Ohio Bu	siness	Roundt	able			
Charter or Registration No.		8274	197		٥.	10000	
ancellation Date The entity was canceled on (list date):			(list date):	August 8, 2002 (Date)			
Complete the information	in this section if I	oox (1) or (2)	is checked.]			
Name and Address of New Agent (#applicable)		(Name)	·-	·		<u> </u>	
		(Street)		NOTE: P.O. Box	Addresses are N	IOT acceptable.	
		(City)			Ohio (State)	(Zip Code)	
		(City)			(Oldio)	(=# 3333)	
		ACCEPT	ANCE OF AF	POINTMENT			
The Undersigned, the Statutory agent for, hereby acknowledges ar	nd accepts the ac	pointment o	f statutory ag	ent for said entit	ty.	, named herein as	i
	Signature:						

REQUIRED

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

Authorized Representative

(Statutory Agent)

9-5-02

Date

525

Page 1 of 2

Last Revised: May 2002