



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2003	200305503276	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

EDWARD L. GILBERT, DBA
 EDWARD L. GILBERT, CO LPA
 7 W BOWERY ST. STE. 706
 AKRON, OH 44308

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

836879

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AKRON-URBAN MINORITY ALCOHOLISM DRUG ABUSE OUTREACH PROGRAM, INC.
 and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC AGENT ADDRESS CHANGE	200305503276



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 24th day of February,
 A.D. 2003.

J. Kenneth Blackwell
 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)

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>*** Requires an additional fee of \$100 ***</small>
<input type="radio"/> No	PO Box 788 Columbus, OH 43216

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

STATUTORY AGENT UPDATE

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

PM 1:18

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	(2) Change of Address of an Agent <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	(3) Resignation of Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity Akron-Urban Minority Alcoholism Drug Abuse Outreach Program Inc.

Charter or Registration No. 836879

Name of Current Agent Edward L. Gilbert

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

Name and Address of New Agent

(Name) _____

(Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____ (County) _____ Ohio (State) _____ (Zip Code) _____

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the Statutory agent for, _____, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____ (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 7 West Bowery Street, Suite 706
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Akron Ohio 44308
(City) (State) (Zip Code)

New Address of Agent One Cascade Plaza, Suite 825
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Akron Ohio 44308
(City) (State) (Zip Code)

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

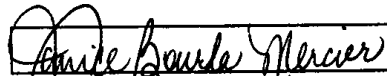
Is this agent resigning? Yes No

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

2/13/03
Date