



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/20/2005	200526300336	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

**Receipt**

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

MARY BELL  
2939 WALNUT RIDGE RD  
AKRON, OH 44333

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

**926620**

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

**REVERE SCHOOL FOUNDATION**

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

Document(s)

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT**

Document No(s):

**200526300336**



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 19th day of September,  
A.D. 2005.

*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)

- Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- 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

THE UNDERSIGNED DESIRING TO FILE A:

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

<b>(1) Subsequent Appointment of Agent</b> <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (185-AGS) <input type="checkbox"/> LLC (171-LSA)	<b>(2) Change of Address of an Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	<b>(3) Resignation of Agent</b> <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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2005 SEP 19 AM 9:05

**Complete ALL of the general information in this section for the box checked above.**

**Name of Entity** Revere School Foundation

**Charter or Registration No.** 926620

**Name of Current Agent** Rebecca Dick

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

**Name and Address of New Agent** Mary Hockwalt Bell, Esq.  
(Name)  
2939 Walnut Ridge Road  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Akron Summit Ohio 44333  
(City) (County) (State) (Zip Code)

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, Mary Hockwalt Bell, Esq., named herein as  
the Statutory agent for, Revere School Foundation, hereby acknowledges and  
accepts the appointment of statutory agent for said entity.

Signature: Mary Hockwalt Bell  
(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

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

(City) Ohio (State) (Zip Code)

New Address of Agent

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

(City) Ohio (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

July 1, 2005  
Date