

DATE: 01/29/2008 DOCUMENT ID 200802902706

DESCRIPTION DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)

FILING

EXPED

PENALTY

CERT

COSY

Receipt

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

FIRST PRESBYTERIAN CHURCH BROADWAY AND VINE HARRISON, OH 45030

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

310256

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

THE FIRST PRESBYTERIAN CHURCH OF HARRISON, OHIO

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

Document(s)

Document No(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

200802902706



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 29th day of January, A.D. 2008.

Ohio Secretary of State

Doc ID -->

200728502180



Prescribed by

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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

| Expedite 1      | e this Form: (Select One)          |  |  |  |
|-----------------|------------------------------------|--|--|--|
| Mall Form       | to one of the Following:           |  |  |  |
|                 | PO Box 1390                        |  |  |  |
| Uyes            | Columbus, OH 43216                 |  |  |  |
| *** Requi       | res an additional fee of \$100 *** |  |  |  |
|                 | PO Box 788                         |  |  |  |
| ON <sub>0</sub> | Columbus, OH 43216                 |  |  |  |

## STATUTORY AGENT UPDATE

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

|                                  |  |                                   |   |                        | ٠.               |
|----------------------------------|--|-----------------------------------|---|------------------------|------------------|
| HE UNDERSIGNED D                 | ESIRING TO FI                            | LE A:                             |   |                        |                  |
| CHECK ONLY ONE (1                | ) BOY                                    |                                   |   |                        |                  |
| 1) Subsequent Appoints           |  | (2) Change of Corp                | of Address of an Agent UP (145-AGA) 44-LAD) | (3) Besidened of 18    | (155-AGR)        |
| omplete <u>ALL</u> of the gen    | neral information                        | in this section fo                | or the box checked above                    | , 1                    |                  |
| ame of Entity The                | C<br>First Presbyteri                    | ian Church of Ha                  | mison Ohio                                  |                        |                  |
| harter or<br>legistration No.    | 310256                                   |                                   |   |                        |                  |
| -                                |  |                                   |   | -                      |                  |
| lame of Current Agent            | Walter E. Rue                            | ger                               |   |                        |                  |
|                                  |  |                                   |   |                        |                  |
| lame and Address of<br>lew Agent | (Name)<br>115 South Vir                  | cher, Clerk of Session, F         | irst Prebyterian Churc                      | ch of Harrison         |                  |
|                                  |  | (Street)                          | NOTE: P.O. Box Address                      | ses are NOT acceptable |                  |
|                                  |  | Harrison                          | Hamilton                                    | Ohio                   | 45030            |
|                                  |  | (City)                            | (County)                                    | (State)                | (Zip Code)       |
|                                  |  | ACCEPTANC                         | E OF APPOINTMENT                            |                        |                  |
| he Undersigned,                  | Meg Ocerzbacher                          | <u> </u>                          |   |                        | , named herein a |
| he Statutory agent for,          | he.                                      | utinian Churc                     | h of Harrism Ohio                           | hereby ac              | knowledges and   |
| ccepis the appointment           | <u>tust</u> Presh<br>t of statutory age  | ant for said entity               | ÿ.  |                        | ``               |
| ocepus ine appointment           | <u>tirst</u> Presh<br>t of statutory age | ent for said entity<br>Signature: | moseum                                      |                        | >                |
| ocepus ine appointment           | <u>Trist Prest</u><br>t of statutory age | ent for said entity               | ·   |                        | 7                |
|                                  | t of statutory age                       | ant for said entity<br>Signature: | moseum                                      | Agent)                 | 7                |

521

Page 1 of

Last Revised: May 2002

Doc ID -->

200728502180

| Complete the Information in this se  | ction if box (2) is checked. |   |                                    |
|--|------------------------------|---|------------------------------------|
| Old Address of Agent   | (Street) NC                  |   |                                    |
|  | (Sileat) MC                  | OTE: P.O. Box Addresses are M           | эт ассертаоне.                     |
|  | (City)                       | Ohlo (State)                            | (Zip Code)                         |
| form Address of A  | 124                          | (5,440)                                 | (Elp Usua)                         |
| lew Address of Agent   | (Street) NC                  | OTE: P.O. Box Addresses are NO          | Of acceptable.                     |
|  |                              | Ohio                                    |                                    |
|  | (City)                       | (State)                                 | (Zip Code)                         |
|  |                              |   |                                    |
| omplete the Information in this sec<br>this agent resigning?   | Yet                          | <br>/                                   | 1 .                                |
| urrent or last known addrese<br>f the entity's principal office<br>there a copy of this Resignation        | (Sfeet)                      | fet<br>DTE: P.D. Boy Adulfassed and Hig | T pocephylia.                      |
|  | //Hayrison///                |   | Asplace<br>(app code)              |
| f filing or prior to the date filed  REQUIRED lust be authenticated (signed) by                            | an Jeda /                    | (Spice)                                 | Assas (7 (glo Code) (9. 4. 07 Date |
| f filling or prior to the date filed  REQUIRED  lust be authenticated (signed) by uthorized representative | an Jeda /                    | Guss.                                   | 9.4.07                             |
| REQUIRED ust be authenticated (signed) by thorized representative  | an Jeda /                    | Guss.                                   | 9.4.07                             |
| REQUIRED ust be authenticated (signed) by thorized representative  | an Jeda /                    | Guss.                                   | 9.4.07                             |
| REQUIRED ust be authenticated (signed) by thorized representative  | an Jeda /                    | Guss.                                   | 9.4.07                             |
| REQUIRED ust be authenticated (signed) by thorized representative  | an Jeda /                    | Guss.                                   | 9.4.07                             |
| Filling or prior to the date filed  REQUIRED ust be authenticated (signed) by intronzed representative     | an Jeda /                    | Guss.                                   | 9.4.07                             |
| Filling or prior to the date filed  REQUIRED ust be authenticated (signed) by intronzed representative     | an Jeda /                    | Guss.                                   | 9.4.07                             |
| REQUIRED ust be authenticated (signed) by thorized representative  | an Jeda /                    | Guss.                                   | 9.4.07                             |
| Must be authenticated (signed) by<br>authorized representative   | an Jeda /                    | Guss.                                   | 9.4.07                             |
| f filling or prior to the date filed  REQUIRED  lust be authenticated (signed) by uthorized representative | an Jeda /                    | Guss.                                   | 9.4.07                             |

Page 2 of 2

Page 3