

DATE: 02/01/2008

DOCUMENT ID 200803101582

DESCRIPTION DOMESTIC AGENT ADDRESS CHANGE (AGA)

FILING 25.00 EXPED 00 PENALTY

CERT

COPY .00

Receipt

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

JOHN P KILROY 600 BROADWAY LORAIN, OH 44052

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

650746

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

THE PADRAIC PEARSE CENTER, INC.

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200803101582



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 25th day of January, A.D. 2008.

Ohio Secretary of State



www.sos.state.oh.us e-mail: busserv@sos.state.oh.us Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite (his Form: (Select One)
Mail Form	o one of the Following:
Ov.	PO Box 1390
OYes	Columbus, OH 43216
*** Requi	res an additional fee of \$100 ***
	PO Box 788
⊙ No	Columbus, OH 43216

STATUTORY AGENT UPDATE

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

THE UNDERSIGNED D	ESIRING TO FIL	.E A:			•	
(CHECK ONLY ONE (1	1) BOX)					• •
(1) Subsequent Appoint Corp LP (LLC (171-LSA)			Address of an Agent LP (145-AGA) I-LAD)	(3) Resignation of Age Corp LE	ent P (155-AGR)	
Complete ALL of the ger	neral information i	in this section for	the box checked above	9.		\neg
Name of Entity	The Padraic l	Pearse Center, I	Inc.			
Charter or Registration No.	650746			_		
Name of Current Agen	t John P. Kilro	э <u>у</u>				
Complete the information	n in this section if	box (1) is checked	í.			
Name and Address of New Agent		(Name)				o Code)
		(Street)	NOTE: P.O. Box Addres	sses are NOT acceptable.		
				Ohio		
		(City)	(County)	(State)	(Zip Code)	
:		ACCEPTANCE	OF APPOINTMENT			
The Undersigned,				, n	named herein as	
the Statutory agent for, accepts the appointment	nt of statutory age	nt for said entity.		,hereby ackno	wledges and	
, , , , , , , , , , , , , , , , , , , ,		Signature:				
		Olynature.	(Statutory	Agent)		
* If the entity listed is an	Ohio Domestic, t	the agent must siç	on the <u>Acceptance of</u>	Appointment		
						_
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Complete the information in this section if box (2) is checked. 2630 Joseph Street
(Street) NOTE: P.O. Box Addresses are NOT acceptable. Old Address of Agent Avon Ohio 44011 (City) (Zip Code) (State) 36961 Julian Street New Address of Agent (Street) NOTE: P.O. Box Addresses are NOT acceptable. Avon Ohio 44011 (City) (State) (Zip Code)

Complete the information in this section if box (3) is checked.			
Yes	□ No		
(Street) NOTE: P.O. Box Addresses are NOT acceptable.			
(City)	(State) (Zip Code		
	Yes (Street)		

REQUIRED

Must be authenticated (signed) by an

authorized representative (See Instructions)

Petrica Down

January 20, 2008 Date

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Last Revised: May 2002