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10/02/2008	200827502434	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	100.00	.00	.00	.00

Receipt

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

KELLEY, DRYE & WARREN LLP
YASMIN R. TAVAKOLI
3050 K STREET NW, STE 400
WASHINGTON, DC 20007

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

244464

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
**INTERNATIONAL ASSOCIATION OF EMERGENCY MANAGERS F/K/A NATIONAL
COORDINATING COUNCIL ON EMERGENCY MANAGEMENT**

Document(s)
DOMESTIC AGENT ADDRESS CHANGE

Document No(s):
200827502434



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 1st day of October, 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 this Form: (Select One)	
Mail Form to one of the following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

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

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 International Association of Emergency Managers

Charter or Registration No. 244464

Name of Current Agent Ct. Corp.

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** (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 an Ohio Domestic, the agent must sign the **Acceptance of Appointment**

Complete the information in this section if box (2) is checked.

Old Address of Agent 815 Superior Avenue
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Cleveland Ohio 44114
(City) (State) (Zip Code)

New Address of Agent 1300 East 9th Street
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Cleveland Ohio 44114
(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)

Cheryl D. Szymanski
Authorized Representative

9/24/08
Date