



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/25/2013	201308101485	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

LORIE M. TRAVAGLINO
1063 S. BROADWAY STREET
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**630076**

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

MOBILE MEALS, INC. FOUNDATION OF NORTHEAST OHIO

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

Document(s)

Document No(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT**201308101485****Effective Date: 03/21/2013**

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 March, A.D.
2013.

Ohio Secretary of State



Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 788
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Statutory Agent Update
Filing Fee: \$25

MAR 21 2013

SECRETARY OF STATE

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent

- ☒ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity Charter, License or Registration No. Name of Current Agent **Complete the information in this section if box (1) is checked**Name and Address
of New Agent

 Name of Agent

 Mailing Address

 City

 State

 Zip Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, Lorie M. Travaglini, named herein as the
Name of Agent

statutory agent for Mobile Meals, Inc. Foundation of Northeast Ohio, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Lorie M. Travaglini
Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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

New Address of Agent
Mailing Address

Ohio
City State Zip Code

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

Mailing Address

City State Zip Code

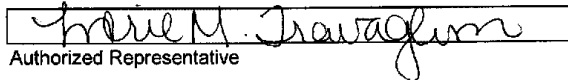
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

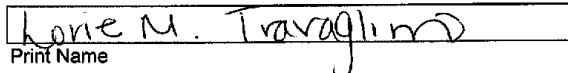
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Authorized Representative

By (if applicable)


Print Name

Authorized Representative

By (if applicable)

Print Name



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/25/2013	201308400282	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

LORIE M. TRAVAGLINO
1063 S. BROADWAY STREET
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**409214**

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

MOBILE MEALS, INC.

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201308400282**Effective Date: 03/21/2013**

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 March, A.D.
2013.

Ohio Secretary of State



Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

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Statutory Agent Update
Filing Fee: \$25

MAR 27 2013

SECRETARY OF STATE

(CHECK ONLY ONE(1) BOX)

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- ☒ Corp (165-AGS)
- ☐ LP (165-AGS)
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Name of Entity Charter, License or Registration No. Name of Current Agent

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

Name and Address
of New Agent

Name of Agent

Mailing Address

City

State

Zip Code

Complete the information in this section if box (1) is checked and business is an Ohio entity**ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT**

The Undersigned, Lorie M. Travaglino, named herein as the
Name of Agent

statutory agent for Mobile Meals, Inc., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature:

Lorie M. Travaglino

Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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

New Address of Agent

Mailing Address

City

Ohio

State

Zip Code

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

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

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

Mailing Address

City

State

Zip Code

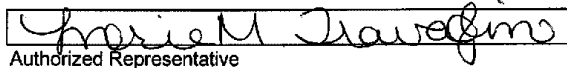
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

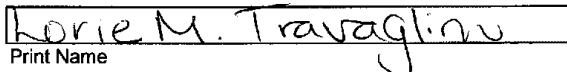
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If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Authorized Representative


By (if applicable)


Print Name


Authorized Representative


By (if applicable)


Print Name



DATE: 03/25/2013	DOCUMENT ID 201308400283	DESCRIPTION CERTIFICATE OF CONTINUED EXISTENCE (CCE)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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

LORIE M. TRAVAGLINO
1063 S. BROADWAY STREET
AKRON, OH 44311

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**409214**

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

MOBILE MEALS, INC.

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):

201308400283**Effective Date: 03/21/2013**

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 March, A.D.
2013.

Ohio Secretary of State



JON HUSTED
OHIO SECRETARY OF STATE
180 East Broad Street, 18th Floor | Columbus, Ohio 43215
Tel: (677) 767-6448 | Fax: (614) 644-0649 | www.OhioSecretaryofState.gov

MAR 27 2013

SECRETARY OF STATE

**STATEMENT OF CONTINUED EXISTENCE
OF CORPORATION - NONPROFIT**

The undersigned, a director, officer, or three members in good standing of the corporation named below, hereby verifies/verify that the corporation is still actively engaged in exercising its corporate privileges, and that:

1. The Charter Number is: **409214**
2. The exact corporate name is:
MOBILE MEALS, INC.
3. The city, village or township in which its principal office is located is:
AKRON
4. The county in which its principal office is located is: **SUMMIT**
5. The date of its incorporation is: **April 7, 1971**
6. The name of the current statutory agent is:

Kathleen Downing

7. The complete address of the current statutory agent is:

1063 S. Broadway Street
Akron, OH 44311

This document is signed by a director, corporate officer, or three members in good standing.

By: Freddie M. Navaglen