



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/25/2011	201129700798	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

PRETERM FOUNDATION
12000 SHAKER BOULEVARD
CLEVELAND, OH 44120-1922

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

877652

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

PRETERM FOUNDATION

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

Document(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
201129700798



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 17th day of October, A.D.
2011.

Ohio Secretary of State



Form 521 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

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

Non Expedite PO Box 788
Columbus, OH 43216

RECEIVED

STATUTORY AGENT UPDATE

Filing Fee: \$25

OCT 17 2011

(CHECK ONLY ONE (1) BOX)

SECRETARY OF STATE

<p>(1) Subsequent Appointment of Agent</p> <p><input checked="" type="checkbox"/> Corp (165-AGS) <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)</p>	<p>(2) Change of Address of an Agent</p> <p><input type="checkbox"/> Corp (145-AGA) <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)</p>	<p>(3) Resignation of Agent</p> <p><input type="checkbox"/> Corp (155-AGR) <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG) <input type="checkbox"/> Partnership (155-AGR)</p>
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Name of Entity Preterm Foundation

Charter, License or Registration No. 877652

Name of Current Agent Sidney Brode

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

Name and Address of New Agent Chrisse France

Name of Agent _____

12000 Shaker Boulevard

Mailing Address _____

Cleveland Ohio 44120

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, Sidney Brode, named herein as the
Name of Agent

Statutory agent for, Preterm Foundation, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: Sidney Brode
Statutory Agent

If the 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 the agent is an individual using a P.O. Box, 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

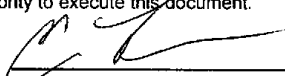
Ohio
State

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

Must be authenticated
(signed) by an
authorized representative
(See Instructions)




Authorized Representative

9/30/2011

Date

Chrissy France

Print Name



Authorized Representative

9/30/2011

Date

Cynthia Szafraniec

Print Name