


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90010 044 \*\*\*\*61.25

**DOCUMENT # F07000001974**

1. Entity Name  
 THE CHILDREN'S HOSPITAL FOUNDATION, CINCINNATI, OHIO INC.



Principal Place of Business  
 MLC 9002, 3333 BURNET AVE., DEPT OF DEV.  
 CINCINNATI, OH 45229-3039

Mailing Address  
 MLC 9002, 3333 BURNET AVE., DEPT OF DEV.  
 CINCINNATI, OH 45229-3039

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
 31-1327089

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

07152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	ANNING, ROBERT D.H.	
STREET ADDRESS	425 WALNUT ST., STE. 2600	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES M.	
STREET ADDRESS	MLC 3013, 3333 BURNET AVE., DEPT OF DEV.	
CITY-ST-ZIP	CINCINNATI, OH 452293039	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASSEY, KENNETH G.	
STREET ADDRESS	MLC 9002, 3333 BURNET AVE., DEPT OF DEV.	
CITY-ST-ZIP	CINCINNATI, OH 452293039	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMLIN, SCOTT J.	
STREET ADDRESS	MLC 3006, 3333 BURNET AVE., DEPT OF DEV.	
CITY-ST-ZIP	CINCINNATI, OH 452293039	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BAUER, MICHAEL L.	
STREET ADDRESS	MLC 5000, 3333 BURNET AVE., DEPT OF DEV.	
CITY-ST-ZIP	CINCINNATI, OH 452293039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bauer, Michael L.	
STREET ADDRESS	MLC 5000, 3333 Burnet Avenue	
CITY-ST-ZIP	Cincinnati, OH 45229-3039	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davies, Vicki L.	
STREET ADDRESS	MLC 4500, 3333 Burnet Avenue	
CITY-ST-ZIP	Cincinnati, OH 45229-3039	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth G. Massey 7/15/08 513-636-4561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #