

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001974

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

MLC 9002, 3333 BURNET AVE., DEPT OF DEV.
CINCINNATI, OH 452293039

New Principal Place of Business:

Current Mailing Address:

MLC 9002, 3333 BURNET AVE., DEPT OF DEV.
CINCINNATI, OH 452293039

New Mailing Address:

FEI Number: 31-1327089 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ANNING, ROBERT D.H.
Address: 425 WALNUT ST., STE. 2600
City-St-Zip: CINCINNATI, OH 45202

Title: VC () Delete
Name: ANDERSON, JAMES M.
Address: MLC 3013, 3333 BURNET AVE., DEPT OF DEV.
City-St-Zip: CINCINNATI, OH 452293039

Title: P () Delete
Name: MASSEY, KENNETH G.
Address: MLC 9002, 3333 BURNET AVE., DEPT OF DEV.
City-St-Zip: CINCINNATI, OH 452293039

Title: VP () Delete
Name: HAMLIN, SCOTT J.
Address: MLC 3006, 3333 BURNET AVE., DEPT OF DEV.
City-St-Zip: CINCINNATI, OH 452293039

Title: S () Delete
Name: BAUER, MICHAEL L.
Address: MLC 5000, 3333 BURNET AVE., DEPT OF DEV.
City-St-Zip: CINCINNATI, OH 452293039

Title: T () Delete
Name: DAVIES, VICKI L
Address: MLC 4500 3333 BURNET AVENUE
City-St-Zip: CINCINNATI, OH 45229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH G. MASSEY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date