## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # P33442**

1. Entity Name

## THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPO

Principal Place of Business

Mailing Address

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90059 029 \*\*\*\*61.25

9500 EUCLID AVE. H-18 CLEVELAND OH 44195-5108		9500 EUCLID AVE. M-14 ATTN: LISA MAHER CLEVELAND OH 44195 US				, , , , , , , , , , , , , , , , , , ,	'622 	fi Bjæll bleif 184ť		
2. Principal Place of Business			3. Mailing Address 9500 Euclid Avenue, TT-33							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
			Attn: Lisa Maher			BO NOT WHITE IN THIS GIAGE				
City & State		City & State Cleveland, OH 449			4. FEI Number 34-0714585			Applied For Not Applicable		
Zip Country		Country	Zip	Country					\$8.75 Additional Fee Required	
	6 Name	and Address of Current	44195	USA		7 Name and	Address of New Regi	<del> ·</del>	Jirea	
<del></del> -	o. Hame	and Address of Othern	registered Agent	Name		r. Haine and	Address of New Regi	alered Agent		
ANDREW SERVICE CORPORATION OF FLORIDA			Charles Address of		(0.0.0)					
			Rida	Street	Street Address (P.O. Box Number is Not Acceptable)					
						<del></del> ·	<del></del>		_	
STE 2900 MIAMI FL				City				FL Zip C	Code	
		s submits this statement for	the purpose of changing its r	anietorod office	or rogistor	od agant or bat	h in the state of Elected	_ <del>-                                    </del>		
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. {NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
	FILE I FEE IS		9. Election Campaign I Trust Fund Contribu	· -	\$5.00 Added	<b>0</b> May Be to Fees		heck Payable tment of Stat		
10.		OFFICERS AND DIR	ECTORS	11.	A	DDITIONS/CH	ANGES TO OFFICERS A	AND DIRECTORS		
TITLE	CT MIXON A		ECTORS  Delete	TITLE	Chie	f Financ	ial Officer	AND DIRECTORS		
TITLE NAME	MIXON, A	MALACHI III		TITLE NAME	Chie Dean	f Financ	ial Officer er			
TITLE	MIXON, A 9500 EUC	MALACHI III LID AVENUE		TITLE	Chie Dean 9500	f Financ R. Turne Euclid	ial Officer er Avenue, H-18			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

216/444-3192

Date Daytime Phone #