

NOT FOR PROFIT CORPORATION

2008 FILING STATEMENT # F02000006366

FILED

REC'D FEB 6 2008 08:00 AM
 Secretary of State
 FEB 6 - 2008
 By _____

Entity Name
 AKSM/GUILD, INC.



Principal Place of Business
 100 W. THIRD AVE ST 350
 COLUMBUS OH 43201

Mailing Address
 100 W. THIRD AVE ST 350
 COLUMBUS OH 43201



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

31-1749163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

Madonna Cuddihy

Special Assistant Secretary

1/30/08

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when completing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
 NAME WISE, HENRY A II M.D.
 STREET ADDRESS 100 W. THIRD AVE ST 350
 CITY-STATE-ZIP COLUMBUS OH 43201 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 000000824239
 CITY-STATE-ZIP 02/20/08-80070-008 150.00

TITLE V
 NAME STEVENS, ANN
 STREET ADDRESS 100 W. THIRD AVE ST 350
 CITY-STATE-ZIP COLUMBUS OH 43201 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE CFO
 NAME HUGHES, RIC
 STREET ADDRESS 100 W. THIRD AVE ST 350
 CITY-STATE-ZIP COLUMBUS OH 43201 ☐ Delete

TITLE ☐ Change ☐ Addition
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 CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08

Date

Typed Name