


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005629 1. Entity Name AKRON CHILDREN'S HOSPITAL FOUNDATION, INC.	
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Principal Place of Business ONE PERKINS SQUARE AKRON, OH 44308-1062	Mailing Address ONE PERKINS SQUARE AKRON, OH 44308-1062
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7114013	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOONDEPH, JEROME 333 N. PORTAGE PATH, HEMLOCK 21 AKRON, OH 44303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARKIS, GEORGE 466 ELY ROAD AKRON, OH 44313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOLDREDGE, WILLIAM 100 COLLEGE STREET HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, JAMES P 1271 BRIARHILL SPUR AKRON, OH 44313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, ADAM 12900 LAKE AVENUE LAKEWOOD, OH 441071577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000607277
01/31/07-30030-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <u>Christine J. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/24/07</u> <small>Date</small>	<u>(330) 543-8341</u> <small>Daytime Phone #</small>
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