

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005629

FILED
Jan 04, 2010
Secretary of State

Entity Name: AKRON CHILDREN'S HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

ONE PERKINS SQUARE
AKRON, OH 443081062

New Principal Place of Business:

Current Mailing Address:

ONE PERKINS SQUARE
AKRON, OH 443081062

New Mailing Address:

FEI Number: 23-7114013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MR
Name: MAYNARD, PHILIP
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

Title: MR.
Name: TRAINER, MIKE
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

Title: MR.
Name: SARKIS, GEORGE
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

Title: MR
Name: ADAMS, JOHN R
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

Title: MS
Name: BAILEY, JOAN
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

Title: MR.
Name: ZOILO, JOHN D
Address: ONE PERKINS SQUARE
City-St-Zip: AKRON, OH 44308

I hereby 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 all other like empowered.

SIGNATURE: JOHN D. ZOILO

MR.

01/04/2010

Electronic Signature of Signing Officer or Director

Date