2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Jul 25, 2008 8:00 am Secretary of State

DOCUMENT # F0700001974 1. Entity Name THE CHILDREN'S HOSPITAL FOUNDATION, CINCINNATIONIO INC.				07	-25-2008 900	010 044 ****61	.25
Principal Place of Business MLC 9002, 3333 BURNET AVE., DEPT OF DEV. CINCINNATI, OH 45229-3039		Mailing Address MLC 9002, 3333 BURNET AVE., DEPT OF DEV CINCINNATI, OH 45229-3039					1486 1 1 1 5 86
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07152008 Ch	g-NP C	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 31-1327089)		oplied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current Rec	istered Agent		7. Name and Addr	ess of New Regi	stered Agent	
000000	TION DEDVICE COMPANY		Name				
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and the instance of the instance o		gistered Office of reg		ne State of Piorio	OATE	and accept
Filing Fee is \$61.25 Due by September 12, 2008 9. Election Camp. Trust Fund Cor				\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANNING, ROBERT D.H. 425 WALNUT ST., STE. 2600 CINCINNATI, OH 45202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANDERSON, JAMES M. MLC 3013, 3333 BURNET AVE., DE	☐ Delete	TITLE NAME			☐ Change	
TITLE	CINCINNATI, OH 452293039	EPT OF DEV.	STREET ADDRESS CITY-ST-ZIP				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	P MASSEY, KENNETH G. MLC 9002, 3333 BURNET AVE., DE CINCINNATI, OH 452293039	☐ Delete	I	<u>.</u> .		☐ Change	☐ Addition
STREET ADDRESS	P MASSEY, KENNETH G. MLC 9002, 3333 BURNET AVE., DE	☐ Delete EPT OF DEV. ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MASSEY, KENNETH G. MLC 9002, 3333 BURNET AVE., DE CINCINNATI, OH 452293039 VP HAMLIN, SCOTT J. MLC 3006, 3333 BURNET AVE., DE	Delete EPT OF DEV. Delete EPT OF DEV.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS MT	auer, Michael LC 5000,3333 I incinnati, OH	Burnet Av	☐ Change ☐ Change	☐ Addition

receipt certify mat the information supplied with first goes 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 justee 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:

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR