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COVER LETTER

Division of Corporations
SUBJECT: The University of Akron Foundation
(Name of Corporation – must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Timothy R. DuFore
(Name of Person)
University of Akron Foundation
(Firm/Company)
Doul E. Martin University Conter
Paul E. Martin University Center (Address)
Akron, OH 44325-2603 (City/State and Zip Code)
(0.0), 2.00 (0.0)
For further information concerning this matter, please call:
Timothy R. DuFore (Name of Person) at (330) 972- 7238 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \(\times \) \$78.75 Filing Fee & \(\times \) \$78.75 Filing Fee & \(\times \) \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corne	oration: must include the word "INCORPOR rage as will clearly indicate that it is a corporaresent. "Company" or "Co." may not be used	ATED" or "CORPORATION" or words or abbation instead of a natural person or partnership d as a corporate suffix by a nonprofit corporation	oreviations of like if not so contained on.)
_{2.} Ohio		_{3.} 34-6575496	
•	ntry under the law of which it is incorporated		<u> </u>
4. <u>1966</u>	Date of Incorporation)	_ _{5.} perpetual	188
6. N/A	Date of Incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
(Date first cond	ucted affairs in Florida if prior to registration.	See sections 617.1501 & 617.1502, F.S, to detern	nine penalty liability.)
7. Paul E. N	Martin University Center, Ak	ron, OH 44325-6220	
	(Principal	al office address)	
Paul E. N	Martin University Center, Ak		
	(Curre	it mailing address)	
8. Issuing C	Charitable Gift Annuities to F	Florida Residents try to be carried out in the state of Florida)	
9. Name and stre	eet address of Florida registered agent: (F	P.O. Box <u>NOT</u> acceptable)	07 111.5 11.5 11.5 11.5 11.5 11.5 11.5 11
Name:	BDB Agent Co.		AHA AHS Y
Office Address:	5355 Town Center Road, S	Suite 900	SSEE.
	Boca Raton	_, Florida 33486	PH 4: 03 OF STATE FLORIDA
•	(City)	(Zip Code)	TD 4:03 STATE LORIDA
	agent's acceptance:		<u> </u>
designated in thi	is application, I hereby accept the appoin	rvice of process for the above stated corpo ntment as registered agent and agree to a s relative to the proper and complete perf	ct in this capacity. I

James J Fisher
(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: S	ee attached addendum
Address:	
	in:
—— Director:	
——— Director:	
B. OFFICI	ERS
	See attached addendum
ecretary:	
reasurer:	
Address:	
	cessary, you may attach an addendum to the application listing additional officers and/or directors.
3	ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4	Timothy R. DuFore (Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE UNIVERSITY OF AKRON FOUNDATION, an Ohio not for profit Corporation, Charter No. 351536, having its principal location in Akron, County of Summit, was incorporated on June 03, 1966, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of September, A.D. 2007.

Ohio Secretary of State

Validation Number: 200724702060

ADDENDUM

THE UNIVERSITY OF AKRON FOUNDATION - BOARD OF DIRECTORS - MAY 2007

Mrs. Patricia D. Ballard 171 Granger Road #144 Medina, OH 44256

Home Phone: 330/666-2681

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MAY 1, 2007

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F. John Case

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Executive Director

Timothy R. DuFore Associate Vice President The University of Akron Akron, OH 44325-6220

Assistant Treasurer

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