

00 SEP 28 PM 12: 54

ACCOUNT NO.

072100000032

SECRETARY OF STATE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: September 25, 2000

ORDER TIME: 11:46 AM

ORDER NO. : 842160

400003407924-

CUSTOMER NO:

7212030

Deborah A. Zelei, Legal Asst CUSTOMER:

Cedarwood Development, Inc.

1765 Merriman Road

Akron, OH 44313

CHANGE OF AGENT

NAME:

CEDARWOOD HOTEL MANAGEMENT,

INC.

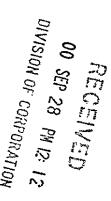
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

O COULLIETTE SEP 28 2000

CONTACT PERSON: Jeanine Reynolds

EXT 1133



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
he undersigned corporation organized under the laws of the State of Florida
ubmits the following statement in order to change its registered office or registered agent, or both, in
he State of Florida.
. The name of the corporation is: CEDARWOOD HOTEL MANAGEMENT, INC.
. The mailing address of the corporation is: 1765 Merriman Rd., Akron, OH 44313
. Date of incorporation/qualification: December 29, 1986 Document number: J49043
. The name and address of the current registered agent and office:
C T Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324
. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
he street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.
9-20-00
(Signature of an officer, chairman or vice chairman of the board) (Date)
lan W. Sponseller, Authorized Representative
(Printed or typed name and title)
laving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
y: September 27, 2000 (Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
Carol K. Dolor, Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)