

## P94000076567

C	SC	"

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: July 31, 2002

ORDER TIME : 10:20 AM

ORDER NO. : 687035-015

CUSTOMER NO:

4347942

CUSTOMER: Sue E. Minahan, Legal Asst

Education Management

Suite 800

300 Sixth Avenue

Pittsburgh, PA 15222

## CHANGE OF AGENT

NAME:

THE UNIVERSITY OF SARASOTA,

INC.

200006874652--6

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:	
XX	_ CERTIF _ PLAIN		COPY IPED COPY					AUG 0 2 2002

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER:

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

	the provisions of sections 607.050 ted corporation organized under th	2, 617.0502, 607.1508, or 617.1508, Florida Statutes,
-		rge its registered office or registered agent, or both, in
the State of F		g is algain, at company
1. The name of	of the corporation: THE UNIVERSI	TY OF SARASOTA, INC.
2. The mailin	g address of the corporation: 20	S. Clark Street, Suite 2800, Chicago, IL 60603
3. Date of inc	corporation/qualification:10/14	/1994 Document number: P94000076567,
4. The name a	and address of the current registered	l agent and office:
	CT Corporation System	FIL ASS
	1200 South Pine Island Road	RY OF SEE.
	Plantation, FL 33324	FLOST -
5. The name a		gent (if changed) and/or registered office (is hanged): Not Acceptable)
	Corporation Service Company	· .
	1201 Hays Street	
	Tallahassee, Florida 32301	
The street addagent, as char	dress of its registered office and that a region of the re	e street address of the business office of its registered
Such change authorized by	was authorized by resolution duly the board.	adopted by its board of directors or by an officer so
F()	Duis	July 29, 2002
(Signatu	re of an officer, chairman or vice chairman of	the board) (Date)
fredenc	(Printed or typed name and title)	etany
	named as registered agent and to I hereby accept the appointment a te to comply with the provisions of of my duties, and I am familiar wi	() accept service of process for the above stated s registered agent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as
	(Signature of Registered Agent)	(Date) (Date) , 2002
<del></del>	(Signature of Registered Agent)	(Date)
If signing on bel	half of an entity:	
Carol K. Dol	Lor (Typed or Printed Name)	- Asst. Vice President
		(Capacity)  FEE: \$35.00 * * *

CR2E045(9/00)