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(Re	questor's Name)	
—(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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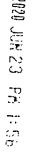
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Fifth Third Bank, National A	Association	
	(Na	ame of Alien E	Business Organization)
Dear S	ir or Madam:		
	nclosed Designation of Registered pmitted for filing.	l Agent and Ro	egistered Office for Alien Business Organization and fee(s)
Please	return all correspondence concer	ning this matte	er to the following:
Marisa	K. Escalante		
	(Name of Person)		
Dinsm	ore & Shohl LLP		
	(Firm/Company)		
222 W	est Adams Street, Suite 3400		
	(Address)		
Chicag	go, Illinois 60606		
	(City/State and Zip Cod	de)	
For fu	rther information concerning this	matter, please	call:
Marisa	K. Escalante	312 at (837-4301
	(Name of Person)		ode & Daytime Telephone Number)
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	sed is a check for the following	amount:	
■ \$35	6.00 Filing Fee		□ \$43.75 Filing Fee & Certified Copy

INHS24 (08/05)

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201, OR 456.47(4)(b), FLORIDA STATUTES. THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

	(Name of alica business organization, fin	micial institution or telebealth provider)	
Inited States		3	
(State or country under which entity is organized)		(FEI Number, :f applicable)	
3 Fountain Square	Plaza, Cincinnati, Ohio 45263		
	(Principal of	ice address)	
ame and Florida S	treet address of registered agent.		(** ***)
	Corporation Service Company	•	ev A'
	1201 Hays Street		ون
	Tallahassee, Ft. 32301		ر برج مین
	f the registered office and the street	address of the business office of t	he registered by
are identical.	(Signature of chairman, v	fice chairman, or officer)	he registered ag
are identical.	(Signature of chairman, voor Vice President, Associate Genera	noc chairman, or officer) I Counsel, & Assistant Secretary	he registered ag
Brian S. Duba, Seni	(Name and capacity of person	Fice chairman, or officer) I Counsel, & Assistant Secretary a signing in number 7 above)	he registered ag
Brian S. Duba, Sensi Signature of registe	Or Vice President, Associate General (Name and capacity of personered agent: Amy Malling	Tourneel, & Assistant Secretary a signing in number 7 above) Text, M.A. Aast, V.P.	
Bnan S. Duba, Sense Signature of registerereby accept the a	(Name and capacity of person	Tourneel, & Assistant Secretary a signing in number 7 above) Text, M.A. Aast, V.P.	
Brian S. Duba, Serial Signature of registereby accept the at 7,0505, 655,0201, at	(Signature of chairman, or Vice President, Associate General (Name and capacity of personance agent: Amy Malling appointment as registered agent.	Tourneel, & Assistant Secretary a signing in number 7 above) Text, M.A. Aast, V.P.	e obligations o

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahussee, Fl. 32314