

DATE: 01/23/2008

200802202184

DOCUMENT ID DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

PENALTY

CERT

Receipt

This is not a bill. Please do not remit payment.

NORTH AMERICAN ASTROPHYSICAL OBSERVATORY 4655 INDIAN CT WESTERVILLE, OH 43082-8817

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

628433

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NORTH AMERICAN ASTROPHYSICAL OBSERVATORY

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200802202184



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of January, A.D. 2008.

Ohio Secretary of State



Prescribed by :

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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O _{Yes}	PO Box 1390				
	Columbus, OH 43216				
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	Columbus, OH 43216				

REINSTATEMENT

(For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00

		Filing Fee \$2	5.00		4
THE UNDERSIGNED DE	SIRING TO FILI	Ε A :			5
(CHECK ONLY ONE (1)	BOX)			,	7
(1) Reinstatement & Appointment of Agent (for failure to maintain a statutory agent) (106-REN)		(2) Reinstatement & Appointment of Agent for a Foreign Corporation (for failure to maintain a statutory agent) (111-FREA)		Corporat	ement of a Nonprofit ion statement of continued 19-RENN)
(4) Reinstatement of a	Registered Part	tnership Having (5) ☐ Reinstatement o		tement of a Profe	essional Corporation
Limited Liability			(for failure to file a	nnual or biennial repo	orts)
(for failure to file annual or bienni THIS FORM MUST BE ACCOMI BIENNIAL REPORTS WITH FILI	PANIED BY ALL DE				
Complete ALL of the gene	ral information is	this section for the box c	hecked above.		
Name of Entity	North A	merican As	tro Physi	ical Obs	servatory
Charter or Registration No.		628433			,
Cancellation Date	The entity was	canceled on (list date):		11/15/199 (Date)	29
Complete the information is	n this section if i	hox (1) or (2) is checked	1		
		1.7	,		
Name and Address of New Agent (if applicable)		(Name)			
(ii appiiasio)		(100.10)			
		(Street)	NOTE: P.O. Box	Addresses are NOT	acceptable.
				Ohio	
		(City)		(State)	(Zip Code)
		ACCEPTANCE OF AP	POINTMENT		
The Undersigned,					, named herein as
the Statutory agent for					
hereby acknowledges and	accepts the ap	pointment of statutory ago	ent for said entit	Sy.	
	Signature:				
	, ··-		(Statutory A	gent)	
REQUIRED Must be authenticated (signal authorized represer (See Instructions)		Jarry R. Ele. Authorized Representation	man ve		1/15/2008 Date
525		Page 1 of 1			Last Revised: May 2002