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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Statement of Change of
Registered Office, Registered
Agent, or Both

RAC

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

UNIVERSITY OF KENTUCKY HOSPITAL AUXILIARY, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Name of current registered agent

CLARA WILSON

2. Registered agent is hereby changed to:

CLARA WILSON

3. Address of current registered office

H114 UNIVERSITY HOSPITAL
ALBERT CHANDLER MEDICAL CTR
UNIVERSITY OF KENTUCKY
800 ROSE ST
LEXINGTON, KY 405360848

4. Registered office is hereby changed to:

1000 South Limestone
ALBERT CHANDLER MEDICAL CTR
UNIVERSITY OF KENTUCKY
Room A.01.129
LEXINGTON, KY 405360293

5. Signature of officer or chairman of the board

Helen Fowler, Treasurer, University of Kentucky
Chandler Hospital Auxiliary
Signature and Title
Type or print name and title
6/21/2012 5:21 PM
Date

6. Consent of new agent

I consent to serve as the new registered agent on behalf of this corporation.
Signature and Title
Type or print name and title