**Change of Person(s) Authorized to Act on Behalf of Member Company**

ReliabilityFirst Bylaws Section 6.10 Designation of Representatives provides that a Regular Member may change such designation at any time by providing at least twenty-four (24) hour written notice to the Secretary of the Corporation. Such notice may be provided by electronic transmission.

***Send this form***to:

Ms. Niki Schaefer

ReliabilityFirst Corporation

3 Summit Park Drive, Suite 600 • Cleveland, OH 44131 or

Email to niki.schaefer@rfirst.org

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Company Information:** *Please provide below complete contact information for Member Company.* | | | | | | | | | | | | |
| Member Company’s Full Legal Name: | | | | |  | | | | | | | |
| Primary Office Address: | | | | |  | | | | | | | |
| Primary Office Telephone Number: | | | | |  | | | | | | | |
| **Persons authorized to act on behalf of the Member Company:** *Please provide complete information for those persons who are authorized to act on behalf of the Member Company with respect to all ReliabilityFirst matters:* | | | | | | | | | | | | |
| **Current Primary** | | | | | | | **Request Change for New Primary** | | | | | |
| Name: |  | | | | | | Name: | | |  | | |
| Title |  | | | | | | Title | | |  | | |
| Address: |  | | | | | | Address: | | |  | | |
| Telephone: |  | | | | | | Telephone: | | |  | | |
| Email: |  | | | | | | Email: | | |  | | |
|  | | | | | | | | | | | | |
| **Current Alternate** | | | | | | | **Request Change for New Alternate** | | | | | |
| Name: |  | | | | | | Name: | |  | | | |
| Title |  | | | | | | Title | |  | | | |
| Address: |  | | | | | | Address: | |  | | | |
| Telephone: |  | | | | | | Telephone: | |  | | | |
| Email: |  | | | | | | Email: | |  | | | |
|  | | | | | | | | | | | | |
| Date the changes become effective: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature of current Primary or Alternative Representative: | | | | | | | |  | | | | |
| Print Name: | |  | | Title: | |  | | | | | Date: |  |