DOC ID ----> 200411202628

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/23/2004	200411202628	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

CDC DISTRIBUTORS, INC.
10511 MEDALLION DR
CINCINNATI, OH 45241

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

477416

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

CDC DISTRIBUTORS, INC.

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

Document(s)	Document No(s):
DOMESTIC AGENT ADDRESS CHANGE	**200411202628**

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 21st day of April, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200411202628

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee $25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp ☐ LP (165-AGS) ☐ LLC (171-LSA)	☑ Corp ☐ LP (145-AGA) ☐ LLC (144-LAD)	☐ Corp ☐ LP (155-AGR) ☐ LLC (153-LAG)

Complete the general information in this section for the box checked above.

Name of Entity CDC Distributors, Inc.

Charter or Registration No. 477416

Name of Current Agent David J. Flaum

Complete the information in this section if box (1) is checked.

Name and Address of New Agent

_____ *(Name)*

_____ *(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ *(City)* _____ *(County)* **Ohio** *(State)* _____ *(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as the Statutory agent for, _____, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)

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Complete the information in this section if box (2) is checked.

Old Address of Agent

850 Redna Terrace
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Cincinnati | **Ohio** | 45215
(City) *(State)* *(Zip Code)*

New Address of Agent

10511 Medallion Drive
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Cincinnati | **Ohio** | 45241
(City) *(State)* *(Zip Code)*

Complete the information in this section if box (3) is checked.

Is this agent resigning? ☐ *Yes* ☐ *No*

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) *(State)* *(Zip Code)*

Must be authenticated by an authorized representative

CFO
Authorized Representative
Alan A. Fetcho, CFO

2/7/04
Date