



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/22/2005	200508003352	DOMESTIC/DISSOLUTION (DIS)	50.00	.00	.00	.00	.00

Receipt

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

HOWE
5410 SOUTH RIDGE DR
CINCINNATI, OH 45224

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**797765**

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

ROBLEN PUBLISHING COMPANY

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

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

200508003352

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 10th day of March, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State

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 1028
Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY SHAREHOLDERS, DIRECTORS, OR INCORPORATORS

(Domestic Profit)

(Filing Fee \$50.00)

(CHECK ONLY ONE (1) BOX)

(1) ☒ Shareholders (150-DISS)	(2) ☐ Directors (137-DISD)	(3) ☐ Incorporators (138-DISI)
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Complete the general information in this section for the box checked above.

Roblen Publishing Company

(Exact Name of Corporation)

797765

(Charter Number)

Robert T. Howe

(Name)

who is

President

(Title)

of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on 06/12/01 do hereby certify that:

(Date)

Effective Date (Optional)

(mm/dd/yyyy)

Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.

The place where its principal office in Ohio is or is to be located is:

Cincinnati

(City, Township or Village)

Hamilton

(County)

The name and Ohio address of statutory agent is:

Robert T. Howe

(Name)

5410 Hamilton Ave. South Ridge Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

(City)

Ohio

45224

(Zip Code)

NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, do hereby acknowledge and accept the appointment as the

Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Signature: _____
(Statutory Agent)

Complete the information in this section if box (1) or (2) is checked.

The names and complete street addresses of the DIRECTORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
Robert T. Howe	5410 Hamilton Ave. <i>South Ridge Dr.</i>	Cinti, OH	45224
Helen C. Howe	5410 Hamilton Ave. <i>clo.</i>	Cinti, OH	45224

The names and complete street addresses of the OFFICERS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
Robert T. Howe	5410 Hamilton Ave. <i>South Ridge Dr.</i>	Cinti, OH	45224
Helen C. Howe	5410 Hamilton Ave. <i>clo.</i>	Cinti, OH	45224

Complete the information in this section if box (1) is checked.The undersigned have been authorized to execute and file this certificate by a resolution adopted:
(Check one of the following)

- ☐ at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise _____ % of the voting power
- ☒ in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIREDMust be authenticated (signed)
by an authorized representative

Robert T. Howe
Authorized Representative

3/5/05
Date

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

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.86(D) (_____) (must insert proper paragraph of the ORC)

(Check one of the following)

- ☐ at a meeting duly called and held on _____
- ☐ in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed)
by an authorized representative

Authorized Representative

Date

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

The names and complete street addresses of the INCORPORATORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the incorporators elect to dissolve the corporation.

REQUIRED

Must be authenticated (signed)
by an authorized representative

Authorized Representative

Date

Authorized Representative

Date

Authorized Representative

Date

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

Roblen Publishing Company

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY

Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382

DATE NOTIFIED

01/31/05

Ohio Job and Family Services
Status & Liability Section
P.O. 182404
Columbus, Ohio 43218-2404

01/31/05

The treasurer of any County named below:

Hamilton County Treas.

04/30/05

138 East Court St. Room 402

Cincinnati, OH 45202

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

01/31/05

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: Robert T. Howe

Title: President

Name: Robert T. Howe

5410 Hamilton Ave. South Ridge Dr.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

(City)

Ohio

(State)

45224

(Zip Code)

Sworn before me and subscribed in my presence on

3/7/05

(Date)



SANDRA LAUMAN
Notary Public, State of Ohio
My Commission Expires 01-27-09

Sandra Lauman

(Notary Public)

Commission Expires

1/27/09

(Date)

(Notary Seal)

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF OHIO

County of Hamilton :SS

Robert T. Howe

, being first duly sworn, deposes and says that she/he is

President

of

Roblen Publishing Company

(Title)

that this affidavit is made in compliance with section

1701.86

of the ORC:

(Section #)

That said corporation has (Check one of the following)

- ☐ A. has no personal property in any county in the State of Ohio:
- ☒ B. personal property only in the following county(ies)

Hamilton

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: Robert T. Howe

Name: Robert T. Howe

Sworn before me and subscribed in my presence on

3/7/05

(Date)



SANDRA LAUMAN
Notary Public, State of Ohio
My Commission Expires 01-27-09

(Notary Seal)

Sandra Lauman

(Notary Public)

Commission Expires

1/27/09

(Date)