DOC ID ----> 200516400334

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/13/2005	200516400334	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

PORTER, WRIGHT, MORRIS, ARTHUR
41 S. HIGH ST., 28TH FLOOR
COLUMBUS, OH 43215

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

687171

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

A-LAB CORP.

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

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**200516400334**

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 June, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

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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)

○ 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
[X] Corp [ ] LP (165-AGS) [ ] LLC (171-LSA)	[ ] Corp [ ] LP (145-AGA) [ ] LLC (144-LAD)	[ ] Corp [ ] LP (155-AGR) [ ] LLC (153-LAG)

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

Name of Entity A-Lab Corp.

Charter or Registration No. 687171

Name of Current Agent John C. Gray

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

Name and Address of New Agent

Acme Agent, Inc.
(Name)
41 South High Street, Suite 2800
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus	Franklin	Ohio	43215
(City)	*(County)*	*(State)*	*(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, Acme Agent, Inc., named herein as the Statutory agent for, A-Lab Corp., hereby acknowledges and accepts the appointment of statutory agent for said entity. ACME AGENT, INC.

Signature: By Barry Kiser
(Statutory Agent)
Barry Kiser, Assistant Secretary

* If the entity listed is a foreign corporation, the agent does not have to sign the **Acceptance of Appointment**

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

Old Address of Agent

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

(City) Ohio (State) (Zip Code)

New Address of Agent

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

(City) Ohio (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)

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

John C Gray
Authorized Representative
John C. Gray

6/3/05
Date