



Prescribed by :

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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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 Nonprofit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent

☒ Corp ☐ LP (165-AGS)
☐ LLC (171-LSA)

(2) Change of Address of an Agent

☐ Corp ☐ LP (145-AGA)
☐ LLC (144-LAD)

(3) Resignation of Agent

☐ Corp ☐ LP (155-AGR)
☐ LLC (153-LAG)

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

Name of Entity Telephone Service Company

Charter or
Registration No. 201373

Name of Current Agent CT Corporation System

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

Name and Address of
New Agent

Mark Hanson

(Name)
2 Willipie Street, P. O. Box 408

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

Wapakoneta

(City)

Auglaize

(County)

Ohio

(State)

45895

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mark Hanson, named herein as

the Statutory agent for, Telephone Service Company, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature:

Mark Hanson
(Statutory Agent)

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



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/18/2007	200735101444	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

THOMPSON HINE LLP
ATTN: CAROL R. RUSSELL
10 W. BROAD ST., #700
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**201373**

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

TELEPHONE SERVICE COMPANY

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200735101444

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 14th day of December,
A.D. 2007.

Ohio Secretary of State

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

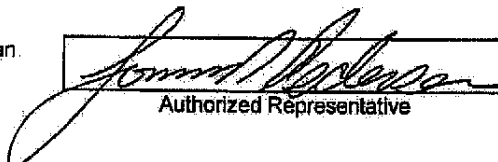
☐ No

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)


Authorized Representative

12/14/07
Date