



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/04/2008	200824701138	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00	.00	.00	.00

Receipt

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

INDUSTRIAL BURNER SERVICES, INC.
5843 HARRISON AVENUE
SUITE 105
CINCINNATI, OH 45248

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1467977

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

INDUSTRIAL BURNER SERVICES, INC.

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200824701138



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 28th day of August, A.D.
2008.

Ohio Secretary of State



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

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

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 Nonprofit)
Filing Fee \$25.00

RECEIVED

AUG 28 2008

SECRETARY OF STATE

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

Name of Entity Industrial Burner Services, Inc.

Charter or
Registration No. 1467977

Name of Current Agent Jeffrey C. Jansen

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)

* If the entity listed is an Ohio Domestic, the agent must sign the Acceptance of Appointment

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

(Zip Code)

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

(Zip Code)

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

☐ No

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

(Zip Code)

Authorized Representative

9/26/08
Date