DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/21/2009	200926100382	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

LUNDGREN, GOLDTHORPE AND ZUMBAR
526 E. MAIN ST.
DAVID J. LUNDGREN, ESQ.
ALLIANCE, OH 44601

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

674176

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

EOMCO, INC.

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

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**200926100382**

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 18th day of September, A.D. 2009.

Ohio Secretary of State

Form 521 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

○ Expedite — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

● Non Expedite — PO Box 788, Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: $25

2009 SEP 14 AM 11:

(CHECK ONLY ONE (1) BOX)

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

Name of Entity EOMCO, INC.

Charter, License or Registration No. 674176

Name of Current Agent JOHN KLUSCH

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

Name and Address of New Agent

GERALD G. KLUSCH
Name of Agent

37348 S R 30
Mailing Address

Lisbon — City
Ohio — State
44432 — Zip Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, GERALD G. KLUSCH, named herein as the
Name of Agent

Statutory agent for, EOMCO, INC., hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Statutory Agent

☐ **If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

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

New Address of Agent

_____
Mailing Address

_____ **Ohio** _____
City State Zip Code

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

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

The agent of record for the entity identified on page 1 resigns as statutory agent.

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.

_____
Mailing Address

_____ **Ohio** _____
City State Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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

Authorized Representative	Date: SEPT. 15 ,2009
GERALD G. KLUSCH Print Name	
Authorized Representative	Date
Print Name	