



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/27/2009	200929901924	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

SMITH AND CONDENE LLP
600 E GRANGER ROAD
SECOND FLOOR
CLEVELAND, OH 44131

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1055759

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
OHIO LUMEX CO., INC.

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

Document(s)
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
200929901924



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 26th day of October, 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

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

STATUTORY AGENT UPDATE

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

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

Charter, License or Registration No. 1055759

Name of Current Agent Mildred D. Gruszka

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

Name and Address of New Agent Marina Madison
Name of Agent

17475 Lookout Drive
Mailing Address

Chagrin Falls Ohio 44023
City State Zip Code

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

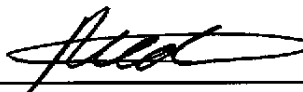
ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, Marina Madison, named herein as the
Name of Agent

Statutory agent for, Ohio Lumex Co., 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

City

Ohio
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

City

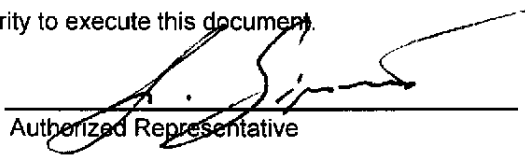
Ohio
State

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

Sept 14, 2009
Date

Joseph Siperstein

Print Name

Authorized Representative

Date

Print Name