DOC ID ----> 201005301177

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/23/2010	201005301177	SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER (LSA)	25.00	.00	.00	.00	.00

Receipt

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

UNITED CORPORATE SERVICES INC
ATTN M FISHETTI
TEN BANK ST STE 560
WHITE PLAINS, NY 10606

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1098099

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

INNOVATIVE CUSTOMER SOLUTIONS, LLC

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

Document(s)	Document No(s):
SUBSEQNT AGENT APPOINT/LIMITED/LIABILTY/PARTNER	**201005301177**

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 17th day of February, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201005301177

Prescribed by :

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

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

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

2010 FEB 17 PM 1:54

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
☐ 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 INNOVATIVE CUSTOMER SOLUTIONS, LLC

Charter or Registration No. 1098099

Name of Current Agent C T Corporation System

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

Name and Address of New Agent

UCS of Ohio, Inc.
(Name)
3040 Riverside Drive, Suite 122
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus *(City)* | Franklin *(County)* | Ohio *(State)* | 43221 *(Zip Code)*

~~ACCEPTANCE OF APPOINTMENT~~

The Undersigned, UCS of Ohio, Inc., named herein as the Statutory agent for, INNOVATIVE CUSTOMER SOLUTIONS, LLC, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: UCS of Ohio, Inc.
(Statutory Agent) Michelle Burr, Pres.

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

DOC ID ----> 201005301177

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

Maria R. Fischetti, Attorney in Fact
on behalf of Kevin Farewell
VP, Asst. Treas.

Feb. 12, 2010
Date

DOC ID ----> 201005301177

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/23/2010	201005301178	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

UNITED CORPORATE SERVICES INC
ATTN M FISHETTI
TEN BANK ST STE 560
WHITE PLAINS, NY 10606

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

410241

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

LOCAL MARKETING CORPORATION

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

Document(s)	Document No(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	**201005301178**

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 17th day of February, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201005301177

Prescribed by :

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

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

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

2010 FEB 17 PM 1:54

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	(2) Change of Address of an Agent	(3) Resignation of Agent
☒ 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 Local Marketing Corporation

Charter or Registration No. 410241

Name of Current Agent CT Corporation System

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

Name and Address of New Agent

UCS of Ohio, Inc.
(Name)
3040 Riverside Drive, Suite 122
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus *(City)* | Franklin *(County)* | Ohio *(State)* | 43221 *(Zip Code)*

ACCEPTANCE OF APPOINTMENT

The Undersigned, UCS of Ohio, Inc., named herein as the Statutory agent for, Local Marketing Corporation, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: UCS of Ohio, Inc. [signature]
(Statutory Agent) Michael A Barr, Pres

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

DOC ID ----> 201005301177

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

Maria R. Fischetti, Attorney in Fact
on behalf of Kevin Farewell
VP and Asst. Treas.

Feb. 12, 2010
Date