DOC ID ----> 201108000753

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 03/22/2011 | 201108000753 | DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS) | 25.00 | .00 | | .00 | .00 |

**Receipt**

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

FAULKNER GARMHAUSEN KIESTER & SHENK LPA
ATTN: JOHN M. GARMHAUSEN
100 SOUTH MAIN AVENUE, STE. 300
SIDNEY, OH 45365

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Jon Husted

**377363**

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

**BROOKSIDE LABORATORIES, INC.**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC AGENT SUBSEQUENT APPOINTMENT** | **201108000753** |

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 16th day of March, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201108000753

**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**

**(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** Brookside Laboratories, Inc.

**Charter, License or Registration No.** 377363

**Name of Current Agent** Brent Stombaugh

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

**Name and Address of New Agent**

Mark Flock
Name of Agent

677 Oak Ridge Dr.
Mailing Address

Sidney (City) | Ohio (State) | 45365 (Zip Code)

DOC ID ----> 201108000753

**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, Mark Flock, named herein as the
Name of Agent

Statutory agent for, Brookside Laboratories, 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: 3.15.11 |
| John M. Garmhausen | |
| Print Name | |
| Authorized Representative | Date |
| Print Name | |