



|            |              |                                                |        |       |         |      |      |
|------------|--------------|------------------------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                    | FILING | EXPED | PENALTY | CERT | COPY |
| 09/08/2011 | 201125000554 | DOMESTIC AGENT SUBSEQUENT<br>APPOINTMENT (AGS) | 25.00  | .00   |         | .00  | .00  |

**Receipt**

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

PORTER WRIGHT MORRIS & ARTHUR LLP  
41 S HIGH ST STE 2800  
ATTN BARRY KISER  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****888422**

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

**TS TECH USA CORPORATION**

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

Document(s)

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT**

Document No(s):

**201125000554**

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 6th day of September,  
A.D. 2011.

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](http://www.sos.state.oh.us)  
[Busserv@sos.state.oh.us](mailto:Busserv@sos.state.oh.us)

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Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
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Columbus, OH 43216

**STATUTORY AGENT UPDATE**

**Filing Fee: \$25**

**(CHECK ONLY ONE (1) BOX)**

|                                                                                                                                                                                     |                                                                                                                                                                        |                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(1) Subsequent Appointment of Agent</b><br><input checked="" type="checkbox"/> Corp (165-AGS)<br><input type="checkbox"/> LP (165-AGS)<br><input type="checkbox"/> LLC (171-LSA) | <b>(2) Change of Address of an Agent</b><br><input type="checkbox"/> Corp (145-AGA)<br><input type="checkbox"/> LP (145-AGA)<br><input type="checkbox"/> LLC (144-LAD) | <b>(3) Resignation of Agent</b><br><input type="checkbox"/> Corp (155-AGR)<br><input type="checkbox"/> LP (155-AGR)<br><input type="checkbox"/> LLC (153-LAG)<br><input type="checkbox"/> Partnership (155-AGR) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Name of Entity** TS Tech USA Corporation

**Charter, License or Registration No.** \_\_\_\_\_

**Name of Current Agent** John C. Beeler

RECEIVED  
 SECRETARY OF STATE  
 2011 SEP - 8  
 AM 11:07  
 CLIENT SERVICE CENTER  
 888

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

**Name and Address  
of New Agent**

Acme Agent, Inc.

Name of Agent

41 South High Street, Suite 2800

Mailing Address

Columbus

City

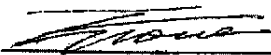
Ohio

State

43215

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. |                                                                                   |                |
| <b>REQUIRED</b><br>Must be authenticated<br>(signed) by an<br>authorized representative<br>(See Instructions)                                                             |  | <u>8-26-11</u> |
|                                                                                                                                                                           | Authorized Representative                                                         | Date           |
|                                                                                                                                                                           | <u>Tetsuo Inoue</u>                                                               |                |
|                                                                                                                                                                           | Print Name                                                                        |                |
|                                                                                                                                                                           | <hr/>                                                                             |                |
|                                                                                                                                                                           | Authorized Representative                                                         | Date           |
|                                                                                                                                                                           | <hr/>                                                                             |                |
|                                                                                                                                                                           | Print Name                                                                        |                |