



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/07/2011	201127900860	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

CONNICK & ASSOCIATES CO LPA
1001 LAKESIDE AVENUE
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

243979

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

THE ARTHUR H. BAIER COMPANY

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

Document(s):

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201127900860



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 3rd day of October, 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
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to one of the following:

☒ Expedite

☐ 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 ☒ 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 The Arthur H. Baier Company

Charter, License or Registration No. 243979

Name of Current Agent BPM Agency, Inc.

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

Name and Address of New Agent David A. Baier
 Name of Agent

6550 Bishop Rd.
 Mailing Address

Centerburg Ohio 43011
 City State Zip Code

The Undersigned, David A. Baier, named herein as the
Name of Agent

Statutory agent for, The Arthur H. Baier Company, 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

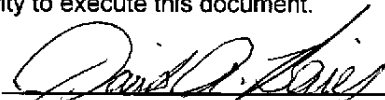
State

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

30-Sep-11

Date

David A. Baier

Print Name

Authorized Representative

Date

Print Name