



DATE 10/20/2011	DOCUMENT ID 201129200929	DESCRIPTION DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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

J TIMOTHY RIKER ESQ
115 WEST NINTH ST
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

611886

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CONTROLS AND SHEET METAL INC.

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

Document(s):
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

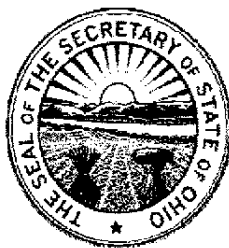
Document No(s):
201129200929



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 13th 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
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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 ☒ 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 <u>Controls and Sheet Metal, Inc.</u>
Charter, License or Registration No. <u>611886</u>
Name of Current Agent <u>Paul Balash</u>

Complete the information in this section if box (1) is checked		
Name and Address of New Agent	<u>J. Timothy Riker</u>	
	<u>Name of Agent</u>	
	<u>115 W. Ninth Street</u>	
	<u>Mailing Address</u>	
	<u>Cincinnati</u>	<u>Ohio</u>
	<u>City</u>	<u>State</u>
	<u>45202</u>	<u>Zip Code</u>

The Undersigned, J. Timothy Riker, named herein as the
Name of Agent

Statutory agent for, Controls and Sheet Metal, 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.

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.

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

10-4-11

Date

Richard R. Schaible, President

Print Name



Authorized Representative

Date

Anthony Knuckles, Secretary

Print Name