



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/22/2011	201135500967	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

BUCKEYE PROTECTIVE SERVICE, INC.
2215 SIXTH ST. S.W.
PO BOX 6416, STATION B
CANTON, OH 44706

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**187762**

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

BUCKEYE PROTECTIVE SERVICE, INC.

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

201135500967

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 December,
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

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Columbus, OH 43216

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STATUTORY AGENT UPDATE

Filing Fee: \$25

DEC 16 2011

SECRETARY OF STATE

(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 Buckeye Protective Service Inc

Charter, License or Registration No. 187762

Name of Current Agent Donald G Jones

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

Name and Address of New Agent Richard Jacobsen

Name of Agent 2215 - 6th Street SW

Mailing Address Canton Ohio 44706

City State Zip Code

☐ 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.

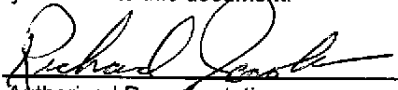
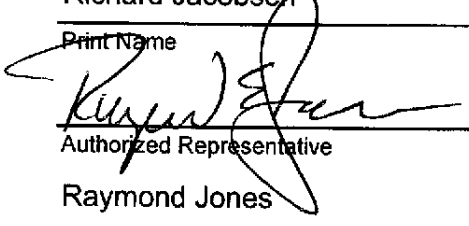
Complete the information in this section if box (2) is checked

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

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)		12-15-11
	Authorized Representative	Date
	Richard Jacobsen	
	Print Name	
		12-15-11
	Authorized Representative	Date
	Raymond Jones	
	Print Name	