



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/07/2012	201203701130	DOMESTIC AGENT ADDRESS CHANGE (AGA)	25.00	.00		.00	.00

Receipt

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

SHARON PRINTING CO INC
4983 RIDGE ROAD
PO BOX 309
SHARON CENTER, OH 44274

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1109096**

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

SHARON PRINTING CO., INC.

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

Document(s)

Document No(s):

DOMESTIC AGENT ADDRESS CHANGE**201203701130**

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 1st day of February, A.D.
2012.

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 PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☐ Non Expedite PO Box 788
Columbus, OH 43216

RECEIVED

STATUTORY AGENT UPDATE

Filing Fee: \$25

FEB - 1 2012

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)

Name of Entity

SHARON PRINTING CO, INC

Charter, License or Registration No.

1109096

Name of Current Agent

JEFFREY S WEAVER

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

Name and Address
of New Agent

Name of Agent

Mailing Address

City

Ohio
State

Zip Code

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, _____, named herein as the
Name of Agent

Statutory agent for, _____, 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

PO BOX 152

Mailing Address

SHARON CENTER

City

Ohio
State

442740152

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

JEFFREY S WEAVER

Print Name

1-31-12

Date

Authorized Representative

Date

Print Name