



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2012	201204101319	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

Receipt

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

HAHN LOESER & PARKS LLP
200 PUBLIC SQ., STE. 2800
GRETCHEN M. NINE-BUNNELL
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1030515**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GENERATOR SYSTEMS, INC.

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

Document(s)
DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):
201204101319



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 7th 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

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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>Generator Systems, Inc.</u>
Charter, License or Registration No. <u>1030515</u>
Name of Current Agent <u>A.G.C. Co.</u>

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

Name and Address of New Agent	<u>Robert V. Munson</u> Name of Agent <u>1480 Industrial Parkway</u> Mailing Address <u>Akron</u> <u>Ohio</u> <u>44310</u> City State Zip Code
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RECEIVED
 SECRETARY OF STATE
 2012 FEB -7 AM 10:49
 COLUMBUS, OH

The Undersigned, Robert V. Munson, named herein as the
Name of Agent

Statutory agent for, Generator Systems, Inc., hereby acknowledges
Name of Business 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

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

2-1-12
Date

Jon L. Munson, President

Print Name

Authorized Representative

Date

Print Name