DOC ID ----> 201804900398

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/18/2018	201804900398	SUBSEQUENT AGENT APPOINTMENT (AGS)	25.00				0

Receipt

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

TROJON GEAR, INC.
418 SAN JOSE ST
DAYTON, OH, 45403

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

371965

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

TROJON GEAR, INC.

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

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201804900398**

Effective Date: 02/18/2018

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 18th day of February, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201804900398

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 2/18/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- [x] Corp (165-AGS)
- [ ] LP (165-AGS)
- [ ] LLC (171-LSA)
- [ ] Business Trust (171-LSA)
- [ ] Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- [ ] Corp (145-AGA)
- [ ] LP (145-AGA)
- [ ] LLC (144-LAD)
- [ ] Business Trust (144-LAD)
- [ ] Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- [ ] Corp (155-AGR)
- [ ] LP (155-AGR)
- [ ] LLC (153-LAG)
- [ ] Partnership (153-LAG)
- [ ] Business Trust (153-LAG)
- [ ] Real Estate Investment Trust (153-LAG)

Name of Entity: TROJON GEAR, INC.

Charter, License or Registration No.: 371965

Name of Current Agent: CHARLES T. TROCHELMAN

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

Name and Address of New Agent

CHRISTOPHER C TROCHELMAN
Name of Agent

6819 CRANFORD DR
Mailing Address

DAYTON
City

OH
State

45459
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, CHRISTOPHER C TROCHELMAN (Name of Agent), named herein as the statutory agent for TROJON GEAR, INC. (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: CHRIS TROCHELMAN

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

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

New Address of Agent

Mailing Address

City | State | ZIP Code

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 | 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

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

TROJON GEAR, INC.

Signature

CHRIS TROCHELMAN

By (if applicable)

Print Name

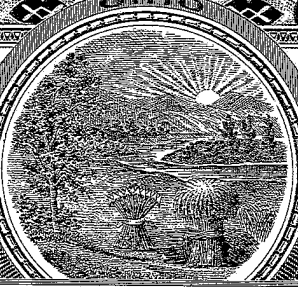
Signature

By (if applicable)

Print Name

INCORPORATED UNDER THE LAWS OF

OHIO



NUMBER 8

SHARES 72 1/2

TROJON GEAR, INC.

This Certifies that Christopher C. Trochelman is the owner of

Seventy Two and one-half (72 ½)---------- fully paid and non-assessable shares

Of Common Stock of Trojon Gear, Inc.

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its corporate seal to be hereunto affixed

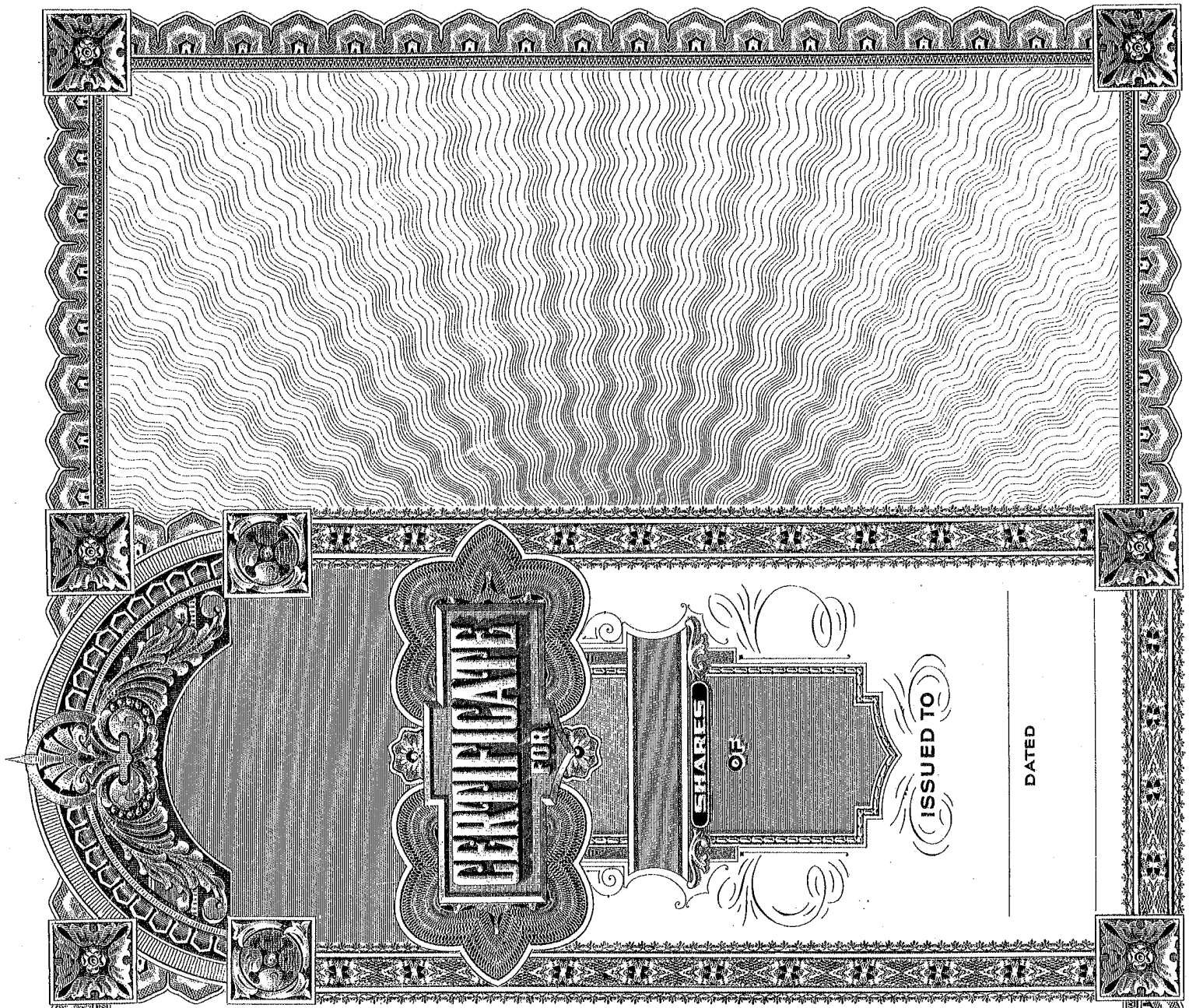
Dated

President

Secretary

©GOES 514

DOC ID ---> 20180490039



For Value Received, ____ *hereby sell, assign and transfer unto* ____

____ *of the Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint* ____ *attorney to transfer the said shares on the books of the within named Corporation, with full power of substitution in the premises*

Dated ____ *19*____

In presence of

____

____

NOTICE: THE SIGNATURE OF THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATEVER.

DOC ID ----> 20180490039B

DOC ID ----> 201804900398

STOCK POWER

FOR VALUE RECEIVED, Candace L. Trochelman, Executor of the Estate of Charles T. Trochelman, does hereby assign and transfer all of shares of Trojon Gear, Inc. held in the Estate of Charles T. Trochelman, deceased to Candace L. Trochelman, and does hereby irrevocably constitute and appoint Thomas P. Martin as attorney to transfer said shares on the books of said Corporation, with full power of substitution in the premises.

Dated: ~~June~~ JULY 3, 2014

Candace L Trochelman

CANDACE L. TROCHELMAN

Executed in the presence of:

Thomas P Martin

DOC ID ----> 201804900398

STOCK POWER

FOR VALUE RECEIVED, I hereby sell, assign and transfer all of my shares of Trojon Gear, Inc. to Christopher C. Trochelman, and do hereby irrevocably constitute and appoint Thomas P. Martin as attorney to transfer said shares on the books of said Corporation, with full power of substitution in the premises.

Dated: July 26, 2014

Candace L. Trochelman

CANDACE L. TROCHELMAN

Executed in the presence of:

DOC ID ----> 201804900398

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Reg. Dist. No. 57
Primary Reg. Dist. No. 5704
Registrar's No. 5700-2014000979

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No. 2014017188

J440

DECEDENT

1. Decedent's Legal Name (Include AKA's if any) (First Middle, LAST, suffix): CHARLES THOMAS TROCHELMAN
2. Sex: Male
3. Date of Death (Mo/Day/Year): February 19, 2014
4. Social Security Number: 290-36-7756
5a. Age (Years): 72
5b. Under 1 Year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth (Mo/Day/Year): April 26, 1941
7. Birthplace (City and State or Foreign Country): DAYTON, OHIO
8a. Residence State: OHIO
8b. County: MONTGOMERY
8c. City or Town: KETTERING
8d. Street and Number: 1225 Robert Dickey Parkway
8e. Apt. No.:
8f. Zipcode: 45409
8g. Inside City Limits?: Yes
9. Ever in US Armed Forces?: Yes
10. Marital Status at Time of Death: Married
11. Surviving Spouse's Name (If wife, give name prior to first marriage): CANDACE L CARTER
12. Decedent's Education: HIGH SCHOOL GRADUATE OR GED
13. Decedent of Hispanic Origin: No
14. Decedent's Race: White
15. Father's Name: JOHN TROCHELMAN
16. Mother's Name (prior to first marriage): HELEN QUINN
17a. Informant's Name: CANDACE L TROCHELMAN
17b. Relationship to Decedent: Wife
17c. Mailing Address (Street and Number, City, State, Zip Code): 1225 Robert Dickey Parkway KETTERING, OHIO 45409
18a. Place of Death: Nursing Home/Long Term Care Facility
18b. Facility Name (If not Institution, give street & number): The Oaks of West Kettering
18c. City or Town, State and Zip Code: KETTERING, OH 45409
18d. County of Death: MONTGOMERY

811412 2014017188 811412 5704 02000

DISPOSITION

19. Signature of Funeral Service Licensee or Other Agent: Tami L Skeen
20. License Number (of licensee): 008386
21. Name and Complete Address of Funeral Facility: TOBIAS FUNERAL HOME INC 5471 FAR HILLS AVE DAYTON, OH 45429
22a. Method of Disposition: Cremation
22b. Date of Disposition: 02/27/2014
22c. Place of Disposition (Name of Cemetery, Crematory, or other place): Tobias Crematory
22d. Location (City/Town and State): BEAVERCREEK, OH

REGISTRAR

23. Registrar's Signature: Roy E Jordan
24. Date Filed: 02/26/2014
25a. Name of Person Issuing Burial Permit: JORDAN, ROY
25b. District No.: 5700
25c. Date Burial Permit Issued: 02/26/2014

CERTIFIER

26a. Certifier (Check only one)
- [X] Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.
- [ ] Coroner — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.

26b. Time of Death: 3:35 PM
26c. Date Pronounced Dead (Mo/Day/Year): 2/19/2014
26d. Was case referred to coroner?: No
26e. Signature and Title of Certifier: [signature] MD
26f. License number: 35.082769
26g. Date Signed: 2/26/14

27. Name (Last, First, Middle) and Address of Person who Completed Cause of Death: BERNER, SUSAN ELAINE, 7792 MISTY SHORE DR WEST CHESTER, OH 45069

CAUSE OF DEATH

28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. Pneumonia	3days
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	b. Due to (or as Consequence of): Chronic Obstructive Pulmonary Disease	5years
	c. Due to (or as Consequence of):	
	d. Due to (or as Consequence of):	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. Was An Autopsy Performed? [ ] Yes [X] No
29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? [ ] Yes [ ] No [ ] Not Applicable

30. Did Tobacco Use Contribute to Death? [X] Yes [ ] No [ ] Unknown [ ] Probably
31. If Female, Pregnancy Status
- [ ] Not pregnant within past year
- [ ] Pregnant at time of death
- [ ] Not pregnant, but pregnant within 42 days of death
- [ ] Not pregnant, but pregnant 43 days to 1 year before death
- [ ] Unknown if pregnant within the past year

32. Manner of Death
- [ ] Natural
- [ ] Accident
- [ ] Suicide
- [ ] Homicide
- [ ] Pending Investigation
- [ ] Could not be determined

33a. Date of Injury (Mo/Day/Year):
33b. Time of Injury:
33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
33d. Injury at Work? [ ] Yes [ ] No
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State):
33f. Describe How Injury Occurred:
33g. If Transportation Injury, Specify: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other:

2014017188

HEA 2724 Rev. 01/07

DOC ID ----> 201804900398

HEA 2724 Rev. 01/07

I HEREBY CERTIFY THIS
DOCUMENT IS AN EXACT
COPY OF THE RECORD ON FILE WITH
THE OHIO DEPARTMENT OF HEALTH.

FE 28 14023936

Roy E. Jordan

ROY E. JORDAN, LOCAL REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE & SEAL

REV. 6/2009

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW