DOC ID ----> 202425403328

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|---|---|---|---|---|---|---|---|
| 09/11/2024 | 202425403328 | SUBSEQUENT AGENT APPOINTMENT (AGS) | 25.00 | | | | 0 |

**Receipt**

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

**PICKREL, SCHAEFFER & EBELING LPA**
**40 N MAIN ST, SUITE 2700**
**DAYTON, OH, 45423**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**1288476**

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

**TOOL TESTING LAB, INC.**

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

| Document(s) | Document No(s): |
|---|---|
| **SUBSEQUENT AGENT APPOINTMENT** | **202425403328** |

**Effective Date: 09/11/2024**

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 11th day of September, A.D. 2024.

**Ohio Secretary of State**

DOC ID ----> 202425403328

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 9/11/2024

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

# 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: TOOL TESTING LAB, INC.

Charter, License or Registration No.: 1288476

Name of Current Agent: TED W. BOWDEN

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

Name and Address of New Agent

PS&E CORPORATE SERVICES, INC.
Name of Agent

40 N MAIN ST STE 2700
Mailing Address

DAYTON
City

OH
State

45423
ZIP Code

**Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLC**

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, PS&E CORPORATE SERVICES, INC. (Name of Agent), named herein as the

statutory agent for TOOL TESTING LAB, INC. (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: DAVID H. MONTGOMERY, PRESIDENT

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 | OH (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.

DAVID HOWARD, PRESIDENT
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name