



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/15/2006	200631900664	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	00	.00	.00	00

**Receipt**

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

GEIGER TEEPLE SMITH HAHN  
1844 WEST STATE #A  
ATTN MICHAEL A OGLINE  
ALLIANCE, OH 44601

**STATE OF OHIO**  
**CERTIFICATE**  
**Ohio Secretary of State, J. Kenneth Blackwell**

**650452**

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

**QUINTEL INDUSTRIES, U.S., INC.**

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

Document(s)

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT**

Document No(s):

**200631900664**



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 14th day of November,  
A.D. 2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

**Expedite this Form:** (Select One)

**Mail Form to one of the Following:**

☐ Yes

PO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☒ No

PO Box 788  
Columbus, OH 43216

## STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$25.00

2006 NOV 14 11:12:38

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

(1) Subsequent Appointment of Agent

☒ Corp ☐ LP (165-AGS)  
☐ LLC (171-LSA)

(2) Change of Address of an Agent

☐ Corp ☐ LP (145-AGA)  
☐ LLC (144-LAD)

(3) Resignation of Agent

☐ Corp ☐ LP (155-AGR)  
☐ LLC (153-LAG)

Complete ALL of the general information in this section for the box checked above.

Name of Entity Quintel Industries U.S., Inc.

Charter or  
Registration No. 650452

Name of Current Agent H. S. Norris

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

Name and Address of  
New Agent

Michael A. Oglie

(Name)

1844 West State Street Suite A

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Alliance

Stark

Ohio

44601

(City)

(County)

(State)

(Zip Code)

### ACCEPTANCE OF APPOINTMENT

The Undersigned, Michael A. Oglie, named herein as

the Statutory agent for, Quintel Industries U.S., Inc.

accepts the appointment of statutory agent for said entity, hereby acknowledges and

Signature

Michael A. Oglie  
(Statutory Agent)

\* If the entity listed is a foreign corporation, the agent does not have to sign the Acceptance of Appointment

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

Old Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

New Address of Agent

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (3) is checked.

Is this agent resigning?

☐ Yes

☐ No

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

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

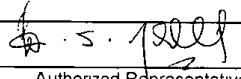
(City)

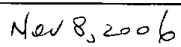
(State)

(Zip Code)

**REQUIRED**

Must be authenticated (signed) by an  
authorized representative  
(See Instructions)

  
Authorized Representative

  
Date