

DATE: 08/30/2007

DOCUMENT ID 200724101406

DESCRIPTION DOMESTIC AGENT ADDRESS CHANGE (AGA) FILING

EXPED

PENALTY

CERT

COPY

Receipt

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

WRIGHT LAW CO., LPA-REBECCA JETT 4266 RULLER RD. SUITE 101 DUBLIN, Oh 43017-5027

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

646375

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

D & M BECK, INC.

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

Document(s)

DOMESTIC AGENT ADDRESS CHANGE

Document No(s):

200724101406



Unite 1 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 29th day of August, A.D. 2007.

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)

Expedite	this Form: (Select One)
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STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Non-Profit) Filing Fee \$25.00

THE UNDERSIGNED D	ECIDINO TO FIL	Г А.			*
		LE A:			
(CHECK ONLY ONE (1					t
(1) Subsequent Appointr Corp LP (1	ment of Agent 61-AGS)		Address of an Agent LP (145-AGA) LAD)	(3) Resignation of A Corp LLC (153-LAG)	LP (155-AGR)
Complete <u>ALL</u> of the gen	eral information i	in this section for t	he box checked above	ө.	
Name of Entity	I) & M BECK, I	INC.			
Charter or Registration No.	€46375			_	
Name of Current Agent	Faul L. Wright				
Complete the information		box (1) is checked.			
Complete the information		box (1) is checked. (Name)			
		(Name)	NOTE: P.O. Box Address	ses are NOT acceptable.	
Complete the information		(Name)		ses are NOT acceptable. Ohio	
Complete the information		(Name)		•	(Zip Code)
Complete the information	in 'his section if l	(Name) (Street)	NOTE: P.O. Box Address	Ohio	(Zip Code)
Complete the information	in 'his section if l	(Name) (Street)	NOTE: P.O. Box Address (County)	Ohio (State)	
Complete the information of Name and Address of New Agent	in 'his section if l	(Name) (Street) (City) ACCEPTANCE O	NOTE: P.O. Box Address (County)	Ohio (State)	
Complete the information Name and Address of New Agent The Undersigned, ne Statutory agent for,	in 'his section if l	(Name) (Street) (City) ACCEPTANCE O	NOTE: P.O. Box Address (County)	Ohio (State)	named herein as

521

Page 1 of 2

Last Revised: May 2002

Old Address of Agent	4261 Greensview Dr.					
	(Street)	Street) NOTE: P.O. Box Addresses are NOT acceptable.				
	Columbus	Ohio	43220			
	(City)	(State)	(Zip Code)			
New Address of Agent	4266 Tuller Ro	d., Suite 101				
	(Street)	(Street) NOTE: P.O. Box Addresses are NOT ac				
	Dublin	Ohio	43017			
	(City)	(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	(Street)	NOTE: P.O. Box Addresses are NOT acceptable.			
of filing or prior to the date filed	(City)	(State) (Zip Code)			

REQUIRED

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

Dukoris Buck President
Authorized Representative

afirel 8, 2005 Date