



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/19/2012	201207600673	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

**Receipt**

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

SENECA COUNTY JR. FAIR FOUNDATION  
100 HOPEWELL AVE.  
P.O. BOX 297  
TIFFIN, OH 44883

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****534153**

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

**SENECA COUNTY JR. FAIR FOUNDATION**

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

Document(s)

**DOMESTIC AGENT SUBSEQUENT APPOINTMENT**

Document No(s):

**201207600673**

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 13th day of March, 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

**Expedite this form: (select one)**

Mail form to one of the following:

- ☐ Expedite PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- ☒ Non Expedite PO Box 788  
Columbus, OH 43216

**STATUTORY AGENT UPDATE**

**Filing Fee: \$25**

**RECEIVED**

**MAR 13 2012**

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

<b>(1) Subsequent Appointment of Agent</b> <input checked="" type="checkbox"/> Corp (165-AGS) <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	<b>(2) Change of Address of an Agent</b> <input type="checkbox"/> Corp (145-AGA) <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	<b>(3) Resignation of Agent</b> <input type="checkbox"/> Corp (155-AGR) <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG) <input type="checkbox"/> Partnership (155-AGR)
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**Name of Entity** Seneca County Jr. Fair Foundation, Inc.

**Charter, License or Registration No.** 534153

**Name of Current Agent** Don Ziegler

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

**Name and Address of New Agent** Joan Zimmerman  
**Name of Agent**  
P.O. Box 297  
**Mailing Address**  
Tiffin Ohio 44883  
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**

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

Jerry Conley  
Authorized Representative

07-Mar-12

Date

Jerry Conley, President  
Print Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name