



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/26/2012	201217701271	DOMESTIC/AGENT RESIGNATION (AGR)	25.00	.00		.00	.00

**Receipt**

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

POWERS & POWERS  
DONALD H POWERS  
PO BOX 1059  
BEREA, OH 44017

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1904275

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

**ROAD AMERICA FREIGHT INC.**

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

Document(s)

**DOMESTIC/AGENT RESIGNATION**

Document No(s):

**201217701271**



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 22nd day of June, A.D.  
2012.

Ohio Secretary of State



Form 521 Prescribed by:

**JON HUSTED**  
**Ohio Secretary of State**

Central Ohio: (614) 466-3910

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

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 788

Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).

P.O. Box 1390

Columbus, OH 43216

### Statutory Agent Update

#### Filing Fee: \$25

(CHECK ONLY ONE(1) BOX)

## (1) Subsequent Appointment of Agent

- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust (171-LSA)

## (2) Change of Address of an Agent

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

## (3) Resignation of Agent

- ☒ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)

Name of Entity ROAD AMERICA FREIGHT INC.

Charter, License or Registration No. 1904275

Name of Current Agent D. Powers Service Corporation

2012 JUN 22 PM 2:50

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

Name and Address  
of New Agent

Name of Agent

Mailing Address

City

Ohio  
State

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, , named herein as the

Name of Agent

statutory agent for , hereby acknowledges

Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: 

Individual Agent's Signature/Signature on behalf of Corporate Agent

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

**Complete the information in this section if box (2) is checked**New Address of Agent 

Mailing Address

City

State

Zip Code

☐ If an agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.

**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).

Authorized Representative

By (if applicable)

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

Print Name

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.

D POWERS SERVICE CORPORATION

Authorized Representative

By (if applicable)

Margaret A. Huston

Print Name