

DATE: 09/19/2012 DOCUMENT ID 201226200938

DESCRIPTION DISSOLUTION (DIS)

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Receipt

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

ALTICK AND CORWIN CO LPA SUITE 1590, ONE SOUTH MAIN STREET DAYTON, OH 45402

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

447190

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

U. C. S. LEASING COMPANY

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

Document(s):

DISSOLUTION

Document No(s):

201226200938



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 30th day of September, A.D. 2012.

Ohio Secretary of State



## Form 561 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

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following: Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

|                           | Certificate of Dissolution<br>(For-Profit, Domestic Corporation<br>Filing Fee: \$50 | ٠                     |
|---------------------------|---|-----------------------|
| omplete the following in  | formation.  | ALL S. L.             |
| he corporation named b    | pelow has adopted a resolution of dissolution.                                      | 33                    |
| Name of Corporation       | U.C.S. LEASING COMPANY  | ű                     |
| Charter Number            | 447190  | 72                    |
| ocation of Principal Offi | ce in Ohio  |                       |
| Clayton                   | Montgomery  | Ohio                  |
| City                      | County  | State                 |
|                           |   |                       |
| ™. The corporation die    | d not hold or maintain any domain names.  |                       |
| ****                      |   |                       |
|                           |   |                       |
|                           |   |                       |
|                           |   |                       |
| Form 561                  | Page 1 of 6   | Last Revised: 3/16/12 |

| Name and address of the Stat                                     | lutory Agent.                                      |                   |                   |                                  |
|--|--|-------------------|-------------------|----------------------------------|
| -Albert Solkov   |  |                   |                   |                                  |
| Name   |  |                   |                   |                                  |
| 6155 Par Drive, for  | rmer1y at 5210 Pebblebr                            | ook Dr., Eng      | glewood, OF       | H 45322                          |
| Address  |  |                   |                   |                                  |
| Clayton<br>City  |  | Ohio<br>State     | 45315<br>Zip Code |                                  |
| Please complete this section if                                  | f the corporation is appointir                     | ng a new agent    | t.                |                                  |
|  | ACCEPTANCE OF APPO                                 | INTMENT           |                   |                                  |
| The Undersigned,   |  |                   |                   | ,named herein as the             |
| Statutory  | y Agent Name                                       |                   |                   |                                  |
| Statutory agent for,   |  |                   |                   |                                  |
| Corporat   | ition Name   | utami amant for   | aaid aaraara      | ition                            |
| hereby acknowledges and acce                                     | pis the appointment of stati                       | utory agent for   | salu corpora      | ilion,                           |
| Statutory Agent Signature  |  |                   |                   |                                  |
| Indiv  | vidual Agent's Signature/Signa                     | ature on behalf o | f Corporate A     | gent                             |
| ☐ If the agent is an individ                                     | dual using a P.O. Box, che                         | eck this box to   | confirm the       | e agent is an Ohio resident.     |
| MAN D  |  |                   |                   |                                  |
|  |  |                   |                   | ***                              |
| The date of dissolution if other                                 | than the filing date 09/30 MM/DD                   | 0/2012<br>0/YYYY  |                   |                                  |
| Note: The date of dissolution not filing, pursuant to Ohio Revis |  |                   | that is not n     | nore than 90 days after the date |
|  |  |                   |                   |                                  |
| Pursuant to Ohio Revised Co<br>section 1701.87(B) must be a      | ode section 1701.87(E), a attached to this filing. | copy of the no    | otice require     | ed by Ohio Revised Code          |
|  |  |                   | *****             |                                  |
|  |  |                   |                   |                                  |
|  |  |                   |                   |                                  |
|  |  |                   |                   |                                  |

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| Check only one b                         | ox below and provide informa   | tion as required:  |
|--|--|--|
|  | -  |  |
| 1701.86(C)<br>business, o<br>been receiv | ), if an initial stated capital was no<br>or if an initial stated capital is set   | by the <b>Incorporators</b> . Pursuant to Ohio Revised Code section of set forth in the articles then before the corporation begins forth in the articles then before subscriptions to shares shall have tated capital, the incorporators or a majority of them may adopt, by solution. (138-DISI) |
| The names and ad                         | dresses of all the incorporators   | must be set forth below:   |
|  |  |  |
|  |  |  |
| Name                                     |  | Address  |
|  |  |  |
| Name                                     |  | Address  |
|  | way was your services of the s |  |
| Name                                     |  | Address  |
|  |  |  |
| (D), directo                             | tion of dissolution was adopted b<br>ors may adopt a resolution of dis<br>ement of the basis for the adopti  | by the <b>Directors</b> . Pursuant to Ohio Revised Code section 1701.86 solution in the following cases, please check the box to state the on. (137-DISD)  |
| The resolution of d                      | lissolution was adopted:   |  |
| When the the credi                       | e corporation has been adjudge   | d bankrupt or has made a general assignment for the benefit of   |
| By leave                                 | of the court, when a receiver ha<br>e affairs of the corporation are to  | as been appointed in a general creditor's suit or in any suit in be wound up;  |
| ⊂ When su                                | ubstantially all of the assets have  | been sold at judicial sale or otherwise;   |
|  | anchise or excise taxes and the  | or failure to file annual franchise or excise tax returns or for failure corporation has not been reinstated or does not desire to be  |
|  | e period of existence of the corp  | oration specified in its articles has expired.   |
| ೧೩(3.) The articles<br>(150-DISS)        | are hereby dissolved by the Sha  | areholders pursuant to Ohio Revised Code section 1701.86(E).   |
|  |  |  |

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| By signing and submitting this form to the Or requisite authority to execute this document.   | nio Secretary of State, the undersigned hereby certifies that he or she has the |
|---|---|
| Required When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of  | Signature Solphi  |
| the incorporators.  In all other cases, the certificate shall be signed by any authorized officer, unless the officer fails to execute and file such a certificate within 30 days after the date upon which such certificate is to be filed. In the latter event, the certificate may be signed | By (if applicable)  Albert Solkov  Print Name                                   |
| by any three (3) shareholders or, if there are less than three (3) shareholders, all of the shareholders, form a statement that the persons signing the certificate are shareholders and are filing the certificate because of the failure of the officers to do so.                            | Signature  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   | Signature  By (if applicable)   |
| must sign in the "By" box and print their name in the "Print Name" box.   | Print Name  |
|   |   |

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| Complete th | e information | in this | section |
|-------------|---------------|---------|---------|
|-------------|---------------|---------|---------|

## **AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities (ORC section 1701.86(I)).

U.C.S. LEASING COMPANY

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

| Agency   | Date Notified   | Agency  | Date Notified               |
|--|---|---|-----------------------------|
| Ohio Bureau of Workers'<br>Compensation<br>30 W. Spring Street<br>Columbus, Ohio 43215 | 8/9/12  | Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 | 8/8/12                      |
|  |   | Overnight:<br>P.O. Box 182413   | Regular:<br>P.O. Box 182413 |
|  |   | Columbus, OH 43218-2413   | Columbus, OH 43218-2413     |
|  | Agency  | Date Notified   |                             |
|  | Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229 |   |                             |

Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation-Signature Title President Albert Solkov Name 6155 Par Drive Mailing Address 45315 Clayton City State Zip Code Acknowledged before me and subscribed in my presence on ROSERTA L. BRATCHETTE Notary Public, State of Chip Commission My Commission Expires April 6, 2913 **Expires** 

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Notary Public

## Complete the information in this section.

|   | Section 1701.86(H)(1))                                    |
|---|---|
| State of Ohio  County of Montgomery  SS:  |   |
| Name of Officer   | , being first duly sworn, deposes and says that she/he is |
| President<br>Title of Officer   | U.C.S. LEASING COMPANY of Name of Corporation             |
| and this affidavit is made in compliance with section   | of the Ohio Revised Code.                                 |
| That said corporation has: (Check one (1) of the follow  XA. Has no personal property in any of |   |
| ☐B. Has personal property in the follow   | ving county(ies)  |
|   |   |
| and that the net assets of said corporation are suffici   | ent to pay all personal property taxes accrued to date.   |
| Signature: Clear for land   | Title: President  |
|   |   |
| Acknowledged before me and subscribed in my pres  | sence on Date 08-34-12                                    |
| ROBERTA L. BRATCHETTE Notary Public, State of Chilo My Commission Expires April 9, 2013         | Notary Public   |
|   |   |
| Expiration date of Notary Public's Commission Da  | te 04-06-13   |

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August 9, 2012

Marshall D. Ruchman' Stephen M. McHugh Scott A. Liberman Dalma C. Grandjean Peter R. Certo, Jr. Jonathan B. Freeman David E. Larson

Amelia N. Blankenship John G. Jansing Scott A. Miller

Philip B. Herron Retired

Hugh H. Altick 1905 – 1990 Robert K. Corwin 1913 – 1998 Robert N. Farquhar 1936 – 2008 NOTICE TO CREDITORS
OF DISSOLUTION OF U.C.S. LEASING COMPANY

To Whom It May Concern:

Please note the following:

- 1. U.C.S. Leasing Company has terminated its operations and has filed a Certificate of Dissolution with the Secretary of State's office.
- 2. Any claim that you have must be presented in writing and shall identify the claimant and contain sufficient information to reasonably inform the Corporation of the substance of the claim.
- 3. Any such claim should be sent to 6155 Par Drive, Clayton, OH 45315.
- 4. Any such claim must be received by the Corporation no later than November 15, 2012.
- 5. If a claim is not received by said date, said claim will be barred.
- 6. The corporation may make distribution to other creditors or claimants, including distributions to shareholders of the corporation, without further notice to any claimant.

Sincerely yours,

ALTICK & CORWIN CO., L.P.A.

Scott A Liberman

<sup>l</sup> Also admitted in Indiana

ONE SOUTH MAIN STREET SUITE 1590 DAYTON, OHIO 45402-2026

(937) 223-1201 (VOICE) (937) 223-5100 (FAX) info@altickcorwin.com (E-MAIL) www.altickcorwin.com (WEBSITE) SAL/nfb Enc.

233-001