

DATE: 03/21/2013 DOCUMENT ID 201307901114

DESCRIPTION DOMESTIC/AGENT RESIGNATION (AGR)

FILING

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PENALTY

CERT

COPY

Receipt

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

PATRICK BURKE 24409 SNELL RD. COLUMBIA STATION, OH 44028

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

706849

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

BURKE AND ASSOCIATES, INC.

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

Document(s)

Document No(s):

DOMESTIC/AGENT RESIGNATION

201307901114

Effective Date: 03/18/2013



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 21st day of March, A.D. 2013.

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 (2) Change of Address of an Agent (3) Resignation of Agent Corp (155-AGR) Corp (145-AGA) Corp (165-AGS) ☐ LP (155-AGR) ☐ LP (165-AGS) □ LP (145-AGA) LLC (153-LAG) LLC (171-LSA) LLC (144-LAD) Partnership (153-AGR) ☐ Business Trust (171-LSA) **Business Trust** (144-LAD) **Business Trust** (153-LAG) Real Estate Investment Trust (171-LSA) Real Estate Investment Trust Real Estate Investment Trust (144-LAD) (153-LAG) Name of Entity BURKE AND ASSOCIATES, INC THE THE Charter, License or Registration No. 706849 Name of Current Agent PATRICK BURKE Complete the information in this section if box (1) is checked فن Name and Address of New Agent Name of Agent Mailing Address Ohio City State Zip Code

Form 521

Page 1 of 3

Last Revised: 11/29/12

Complete the infor	mation in this section if box (1) is che	cked and business is an Ohio	entity
	ACCEPTANCE OF APPOINTMENT	FOR DOMESTIC ENTITY'S A	GENT
The Undersigned,	Name of Agent		, named herein as the
statutory agent for	Name of Business Entity		, hereby acknowledges
and accepts the app	pointment of statutory agent for said entity	<i>i</i> .	
	Signature:		
	-	Lvidual Agent's Signature/Signat	ture on behalf of Corporate Agent
	n agent is an individual using a P.O. B Ohio resident.		
Complete the infor	mation in this section if box (2) is che	cked	
New Address of Age	ent Mailing Address		
	City	Ohio State	Zip Code
	n agent is an individual using a P.O. B Ohio resident.	ox, the agent must check this	s box to confirm that the agent is
Complete the infor	mation in this section if box (3) is che	cked	
The agent of record	for the entity identified on page 1 resigns	s as statutory agent.	
Current or last know date of filing or prior	n address of the entity's principal office v to the date filed.	vhere a copy of this Resignation	n of Agent was sent as of the
15100 LE	EXOX DRIVE		
Mailing A	ddress		
STRONG	SSVILLE	ОНЮ	44136
City		State	Zip Code

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Required Agent update must be signed by an authorized representative (see	Authorized Representative
instructions for specific information).	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
authorized representative of the business entity must sign in the "By" box	By (if applicable)
and print their name in the 'Print Name' box.	Print Name