



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/21/2013	201307901337	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00		.00	.00

**Receipt**

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

VAN WERT PUBLIC ACCESS TELEVISION, INC.  
MAYOR DON FARMER  
515 E. MAIN ST.  
VAN WERT, OH 45891

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**1374961**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**VAN WERT PUBLIC ACCESS TELEVISION, INC.**  
and, that said business records show the filing and recording of:

Document(s)	Document No(s):
<b>DOMESTIC AGENT SUBSEQUENT APPOINTMENT</b>	<b>201307901337</b>

**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

Corp (165-AGS)

LP (165-AGS)

LLC (171-LSA)

Business Trust (171-LSA)

Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

Corp (145-AGA)

LP (145-AGA)

LLC (144-LAD)

Business Trust (144-LAD)

Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

Corp (155-AGR)

LP (155-AGR)

LLC (153-LAG)

Partnership (153-AGR)

Business Trust (153-LAG)

Real Estate Investment Trust (153-LAG)

Name of Entity VAN WERT PUBLIC ACCESS TELEVISION, INC.

Charter, License or Registration No. 1374961

Name of Current Agent KENIM MCGONAGLE

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

Name and Address of New Agent GARI A. CONCORAN

Name of Agent

430 SOUTH AVE.

Mailing Address

VAN WERT Ohio 45891

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).

*Ronald R. Staley*  
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.

*Ronald R. STALEY*  
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.

*Donald M. Farmer*  
Authorized Representative

By (if applicable)

*DONALD M. FARMER*  
Print Name