

DATE: 06/20/2013 DOCUMENT ID 201317100834

DESCRIPTION DOMESTIC/DISSOLUTION (DIS)

FILING

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Receipt

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

ROY B. PENWELL 721 MACKENZIE CT CENTERVILLE, OH 45458

## STATE OF OHIO CERTIFICATE

#### Ohio Secretary of State, Jon Husted

813663

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

#### TECHNOLOGY SOURCE CORPORATION

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

Document(s)

Document No(s):

DOMESTIC/DISSOLUTION

201317100834

Effective Date: 06/20/2013

SCREET CONTROL OF THE CONTROL OF THE

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 20th day of June, A.D.

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**

(For-Profit, Domestic Corporation) Filing Fee: \$50

| Complete the following information.  |                    |
|--|--------------------|
| The corporation named below has adopted a resolution of dissolution.   | · ·                |
| Name of Corporation TECHNOLOGY SOURCE CORPORATION  | ]                  |
| Charter Number 813663  |                    |
| Charter Number 813663  Location of Principal Office in Ohio  | 2                  |
| DAYTON  City  County  County | (2: <sub>4</sub> ) |
| , ,  | o .                |
| The internet address of each domain name held or maintained by or on behalf of the corporation:  |                    |
|  |                    |
|  |                    |
|  |                    |
| The corporation did not hold or maintain any domain names.   |                    |
|  |                    |

Form 561

Page 1 of 7

| Name and address of the Statutory Agent.  |      |
|---|------|
|   |      |
| THOMAS C. KILLAN  |      |
| Name  |      |
| 8571 GANDER CREEK   |      |
| 8571 GANDER CREEK Address   |      |
| 7.44.000  |      |
| City Ohio 45342  State Zip Code   |      |
| Please complete this section if the corporation is appointing a new agent.  |      |
| ACCEPTANCE OF APPOINTMENT   |      |
| The Undersigned, named herein as the  |      |
| Statutory Agent Name  |      |
|   |      |
| Statutory agent for,  |      |
| Corporation Name  |      |
| hereby acknowledges and accepts the appointment of statutory agent for said corporation.  |      |
| Statutory Agent Signature   |      |
| Individual Agent's Signature/Signature on behalf of Corporate Agent   |      |
|   |      |
| ☐ If the agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio residen  | t.   |
|   |      |
| The date of dissolution if other than the filing date  MM/DD/YYYY   |      |
| Note: The date of dissolution must be on the date of filing, or a later date that is not more than 90 days after the of filing, pursuant to Ohio Revised Code section 1701.86(F)(7).  | late |
|   |      |
| Pursuant to Ohio Revised Code section 1701.87(E), a copy of the notice required by Ohio Revised Code<br>section 1701.87(B) must be attached to this filing. (Please attach the notice <u>or</u> complete page 5 of this for | m.)  |
|   |      |
|   |      |
|   |      |

Form 561

Page 2 of 7

| Check only one box below and provide information a  | s required:   |
|---|---|
| business, or if an initial stated capital is set forth i  | forth in the articles then before the corporation begins in the articles then before subscriptions to shares shall have capital, the incorporators or a majority of them may adopt, by on. (138-DISI) |
|   |   |
| Name  | Address   |
| Ivaine  | Address   |
| Name  | Address   |
| Name  | Address   |
|   |   |
| Name  | Address   |
|   | <b>Directors</b> . Pursuant to Ohio Revised Code section 1701.86 on in the following cases, please check the box to state the 37-DISD)  |
| (2.) The resolution of dissolution was adopted:   |   |
| When the corporation has been adjudged bank the creditors;                                      | crupt or has made a general assignment for the benefit of   |
| By leave of the court, when a receiver has bee which the affairs of the corporation are to be w | n appointed in a general creditor's suit or in any suit in ound up;   |
| OWhen substantially all of the assets have been   | sold at judicial sale or otherwise;   |
|   | re to file annual franchise or excise tax returns or for failure ration has not been reinstated or does not desire to be  |
| ○When the period of existence of the corporatio   | n specified in its articles has expired.  |
| C(3.) The articles are hereby dissolved by the Shareho  | Iders pursuant to Ohio Revised Code section 1701.86(E).   |
| (150-DISS)  |   |

Form 561

Page 3 of 7

| By signing and submitting this form to the C<br>requisite authority to execute this documen   | Ohio Secretary of State, the undersigned hereby certifies that he or she has the t. |
|---|---|
| Required When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of the incorporators.   | signature B Jenwal  |
| 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 any three (3) shareholders or, | By (if applicable)  Roy B. PENWELL  Print Name                                      |
| 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  | Signature   |
| of the business entity<br>must sign in the "By" box<br>and print their name in the<br>"Print Name" box.   | By (if applicable)  Print Name  |
|   |   |
|   |   |

#### Notice of Dissolution to Creditors and Claimants against Corporation (pursuant to ORC 1701.87)

| Notice of Dissolution of   | TECHNOLOGY                           | SOURCE               | CORPORATION  | /                    |
|--|--------------------------------------|----------------------|--|----------------------|
|  |                                      | Name of              | Corporation  |                      |
| TECH VOLOGY Sour<br>Name of Corporation<br>creditor or any claim that is<br>events, pursuant to the fo | the corpor s conditional, unmatured, | ation any claim ag   | orporation") has dissolved.<br>ainst the corporation, inclu<br>n the occurrence or nonoc | ıding any claim by a |
| All claims shall be pres<br>reasonably inform the cor     The mailing address to                       | poration of the substance            | of the claim.        | nt and contain sufficient ir   | formation to         |
| 731 MACK   | ENZIE CT                             |                      |  |                      |
| CENTERVIII   | E                                    | CH<br>State          | 45458<br>Zip Code  |                      |
| 3. The deadline by which   | the corporation must rece            | ive the claim is six | ty (60) days after the date  | this notice is given |

- (the "Deadline").
- 4. The claim will be barred if the corporation does not receive the claim by the Deadline.

The corporation may make distributions to other creditors or claimants, including distributions to shareholders of the corporation, without further notice to the claimant.

#### Complete the information in this section.

#### **AFFIDAVIT**

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

TECHNOLOGY SOURCE CORPORATION

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 Date Notified** Agency Ohio Bureau of Workers' Ohio Job & Family Services 6/19/2013 Compensation Status and Liability Section 6/19/2013 30 W. Spring Street Data Correspondence Control Columbus, Ohio 43215 Fax: 614-752-4811 Phone: 614-466-2319 Overnight: Regular: P.O. Box 182413 P.O. Box 182413 Columbus, OH 43218-2413 Columbus, OH 43218-2413 Agency **Date Notified** Ohio Department of Taxation

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 / CEO  Name   |
| 79/ MACKENZIE CT.  Mailing Address  CENTER VIIIE  City  State  Zip Code  |
| Acknowledged before me and subscribed in my presence on        19 3  |

Form 561

Page 6 of 7

#### Complete the information in this section.

# AFFIDAVIT OF PERSONAL PROPERTY (ORC Section 1701.86(H)(1))

| State of OHIO  |  |                       |
|--|--|-----------------------|
| County of MOWTGOMERY   |  |                       |
| ROY B. PENWELL Name of Officer   | being first duly sworn, deposes and says that    | she/he is             |
| PRESIDENT / CEO Title of Officer   | of Name of Corporation                           | CORP.                 |
|  | 701.86(4)(1) of the Ohio Revised Coo             | ie.                   |
| That said corporation has: (Check one (1) of the following A. Has no personal property in any could be a said to be a said |  |                       |
| ☐B. Has personal property in the followin  |  |                       |
|  |  |                       |
| and that the net assets of said corporation are sufficient   | it to pay all personal property taxes accrued to | date.                 |
| Acknowledged before me and subscribed in my present  | Notary Public                                    |                       |
| Expiration date of Notary Public's Commission Date   | S=PT 27,2010                                     |                       |
| Form 561   | Page 7 of 7                                      | Last Revised: 5/20/13 |