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Lori Shealy, Executor
Estate of James R. Yeamans
President, Delco Filing Systems of the S.E.
3924 O'Shannon Rd
Dublin, Ohio 43016

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

James R. Yeamans, sole shareholder of Delco Filing Systems of the S.E. expired on June 20, 2000. I have enclosed a copy of his death certificate and letter appointing me Executor of the Estate. I am writing to formally dissolve the corporation as of July 20, 2000. If you need to contact me, I can be reached at (614) 292-0567 at work, M-F 9-4.

Thank you for your assistance in this matter.

Sincerely,

Lori Shealy

Lori Shealy

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00 AUG 21 PM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

35
8.75
43.75

voids

T. LEWIS AUG 30 2000

FILED
00 AUG 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Delco Filing Systems of the Southeast, Inc.

SECOND: The date dissolution was authorized: 6/20/00 date of death of sole shareholder + owner

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Lori Shealy Executor for Estate of James R Yearrans sole shareholder
(voting group)

Signed this 18th day of August, 2000.

Signature Lori Shealy
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Lori Shealy
(Typed or printed name)

Executor of Estate for James R Yearrans, President
(Title)

Reg. Dist. No. 25
Primary Reg. Dist. No. 2512
Registrar's No. 5080

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.

TYPE OR PRINT IN PERMANENT *BLACK* INK

DECEDENT

1. Decedent's Name (First, Middle, LAST): James Richard YEAMANS
2. Sex: Male
3. Date of Death (Month, Day, Year): June 21, 2000
4. Social Security Number: 289-30-0812
5a. Age-Last Birthday (Years): 64
5b. Under One Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Month, Day, Year): Jan 22, 1936
7. Birthplace (City, County and State or Foreign Country): Columbus OH
8. Was Decedent Ever in U.S. Armed Forces? [X] Yes [ ] No
9a. Place of Death (Check Only One): Hospital [ ] Inpatient [ ] ER/Outpatient [ ] DOA; Other [ ] Nursing Home [X] Residence [ ] Other (Specify)
9b. Facility Name (If Not Institution, Give Street and Number): 5764 SHANNON PLACE LANE
9c. City, Village, Twp., or Location of Death: COLUMBUS
9d. County of Death: FRANKLIN
10. Marital Status - Married, Never Married, Widowed, Divorced (Specify): Divorced
11. Surviving Spouse (If Wife, Give Maiden Name):
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired): Owner / Operator
12b. Kind of Business/Industry: Business Products
13a. Residence-State: Ohio
13b. County: Franklin
13c. City, Town, Twp., or Location: Dublin
13d. Street and Number: 5764 Shannon Place Lane
13e. Inside City Limits? [X] Yes [ ] No
13f. ZIP Code: 43017
14. Was Decedent of Hispanic Origin? [ ] Yes [X] No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.)
15. Race - American Indian, Black, White, etc. (Specify): White
16. Decedent's Education (Specify Only Highest Grade Completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 3

PARENTS

17. Father's Name (First, Middle, Last): Carroll Yeamans
18. Mother's Name (First, Middle, Maiden Surname): Lauretta Armentrout

INFORMANT

19a. Informant's Name (Type/Print): Lori Shealey
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code): 3924 O'Shannon Road Dublin Ohio 43016

DISPOSITION

20a. Method of Disposition: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place): Mid Ohio Cremation Service
20c. Location City or Town, State: Delaware Ohio
20d. Date of Disposition: June 24, 2000
21a. Name of Embalmer (First, Middle, Last): NA
21b. License Number:
22a. Signature of Funeral Director or Other Person: Brent Lasater
22b. License Number (of Licensee): 8564
23. Name and Address of Facility (Include City, State and ZIP code): Bennett Brown Rodman Funeral Home, 92 N Sandusky Street, Delaware Ohio 43015

REGISTRAR

24. Registrar's Signature: Valerie Nelson 6-28-00
25. Date Filed (Month, Day, Year):
26a. Signature of Person Issuing Permit: George Rodman
26b. Dist. No.: 21
27. Date Permit Issued: June 24, 2000

CERTIFIER

28a. Certifier (Check Only One)
[ ] Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.
[X] Coroner — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.
28b. Time of Death: 1:44 P. M
28c. Date Pronounced Dead (Month, Day, Year): June 21, 2000
28d. Was Case Referred to Coroner? [X] Yes [ ] No
28e. Signature and Title of Certifier: Larry R Tate MD
28f. License Number: # 035815
28g. Date Signed (Month, Day, Year): June 22, 2000
29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code): Larry R. Tate, M.D., Deputy Coroner - 520 King Avenue Columbus, Ohio 43201

CAUSE OF DEATH

SEE INSTRUCTIONS ON REVERSE SIDE

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent *black* ink.

		Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) →	a. HYPERTENSION.	YEARS
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)	b. Due to (or as a Consequence of)	
	c. Due to (or as a Consequence of)	
	d. Due to (or as a Consequence of)	

Part II. *Other significant conditions* contributing to death but not resulting in the underlying cause given in Part I.

31a. Was an Autopsy Performed? [ ] Yes [X] No
31b. Were Autopsy Findings Available Prior to Completion of Cause of Death? [ ] Yes [ ] No

32. Manner of Death: [X] Natural [ ] Pending Investigation [ ] Accident
33a. Date of Injury (Month, Day, Year):
33b. Time of Injury: M
33c. Injury at Work? [ ] Yes [ ] No
33d. Describe How Injury Occurred:
33f. Location (Street and Number or Rural Route Number, City or Town, State)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
LAWRENCE A. BELSKIS, JUDGE

FILED 9
JUL 07 2000
LAWRENCE A. BELSKIS
PROBATE JUDGE

ESTATE OF JAMES R. YEAMANS, DECEASED

Case No. 474457

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY
(For Executors and all Administrators)

Name and Title of Fiduciary LORA J. SHEALY, EXECUTOR

On hearing in open court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that:

Decedent died **[check one of the following]** - ☒ testate - ☐ intestate - on June 20, 2000, domiciled in Dublin, Ohio.

[Check one of the following] - ☒ Bond is dispensed with by the Will - ☐ Bond is dispensed with by law

☐ Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to administer fully decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

JUL 07 2000
Date

Lawrence A. Belskis
LAWRENCE A. BELSKIS
Probate Judge

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

LAWRENCE A. BELSKIS
Probate Judge and Ex-Officio Clerk

By Bea Tompson Deputy Clerk

Date 7/07/2000