



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/14/2009	200919401372	DOMESTIC/DISSOLUTION (DIS)	50.00	.00	.00	.00	.00

Receipt

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

RICHARD WHINIG
217 NORTH BROADWAY
NEW PHILADELPHIA, OH 44663

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

675434

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

O.I.S. TIRE, INC.

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

Document(s)

DOMESTIC/DISSOLUTION

Document No(s):

200919401372



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 31st day of July, A.D.
2009.

Ohio Secretary of State

Print Form



Prescribed by
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)
Mail Form to one of the Following:
PO Box 1390
Columbus, OH 43216
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Columbus, OH 43216

CERTIFICATE OF DISSOLUTION BY
SHAREHOLDERS, DIRECTORS, OR INCORPORATORS
(Domestic Profit)
(Filing Fee \$50.00)

(CHECK ONLY ONE (1) BOX)

(1) [X] Shareholders (150-DISS) (2) [] Directors (137-DISD) (3) [] Incorporators (138-DISI)

Complete the general information in this section for the box checked above.

O.I.S. Tire, Inc.
(Exact Name of Corporation)
675434
(Charter Number)
David L. Moreland, who is Executive Vice President
(Name) (Title)
of the above named Ohio corporation, articles of incorporation of which were filed in the office of the secretary of state on April 9, 1986 do hereby certify that:
(Date)
Effective Date (Optional) 07/31/09 Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mmm/dd/yyyy)
The place where its principal office in Ohio is or is to be located is:
Dover, Ohio Tuscarawas
(City, Township or Village) (County)
The name and Ohio address of statutory agent is:
David L. Moreland
(Name)
2301 Progress St.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
Dover, Ohio 44622
(City) (Zip Code)
NOTE: If the statutory agent listed has changed or differs from the agent currently appearing on the corporate records in the secretary of state's office, the named agent must acknowledge and accept the appointment as statutory agent.
ACCEPTANCE OF APPOINTMENT
The Undersigned, named herein as the
Statutory agent for the corporation named herein, hereby acknowledges and accepts the appointment of statutory agent for said corporation.
Signature: (Statutory Agent)

Complete the information in this section if box (1) or (2) is checked.

The names and complete street addresses of the DIRECTORS are:
 Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
Jerry A. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622
Donna L. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622
David A. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622

The names and complete street addresses of the OFFICERS are:
 Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code
Jerry A. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622
Donna L. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622
David A. Schwab	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622
David L. Moreland	c/o Schwab Industries, 2301 Progress St.	Dover, Ohio	44622

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

The undersigned have been authorized to execute and file this certificate by a resolution adopted:
 (Check one of the following)

at a special meeting of the shareholders of said corporation, notice of which was given to all shareholders of every class, whether entitled to vote or not, by the votes cast in person or by proxy, by the holders of record of shares entitling them to exercise _____ % of the voting power

in writing signed under provisions of section 1701.54 of the ORC by all the shareholders who would be entitled to a notice of a meeting held for such purpose declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED
 Must be authenticated (signed) by an authorized representative

David L. Moreland
 Authorized Representative

7-9-09
 Date

Complete the information in this section if box (2) is checked.

The undersigned have been authorized to execute and file this certificate by a resolution of the Board of Directors adopted pursuant to section 1701.86(D) (_____) (must insert proper paragraph of the ORC)

(Check one of the following)

- at a meeting duly called and held on _____
- in writing signed by all of the directors pursuant to section 1701.43 of the ORC declaring that the corporation elects to wind up its affairs and dissolve

REQUIRED

Must be authenticated (signed) by an authorized representative

Authorized Representative

Date

Complete the information in this section if box (3) is checked.

The names and complete street addresses of the INCORPORATORS are:

Note: P.O. Box Addresses are NOT acceptable.

Name	Street	City & State	Zip Code

Whereas, the corporation has not begun business, or, subscriptions to shares have not been received as set forth in the articles, the incorporators elect to dissolve the corporation.

REQUIRED

Must be authenticated (signed) by an authorized representative

Authorized Representative

Date

Authorized Representative

Date

Authorized Representative

Date

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

O.I.S. Tire, Inc.

(Exact 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
Ohio Department of Taxation Dissolution Section Box 182382 Columbus, Ohio 43218-2382	July 9, 2009
Ohio Job & Family Services Status and Liability Section Data Correspondence Control Overnight: 4020 East 5th Avenue Columbus, OH 43219-1811 Regular: P.O. Box 182413 Columbus, OH 43218-2413 Fax: 614-752-4811 Phone: 614-466-2319	July 9, 2009
The treasurer of any County named below: Tuscarawas	July 9, 2009
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	July 9, 2009

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: David L. Moreland Title: Executive Vice President

Name: David L. Moreland

2301 Progress St.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Dover

Ohio

44622

(City)

(State)

(Zip Code)

Sworn before me and subscribed in my presence on

7/9/09
(Date)

RICHARD W. HINIG, Atty.

Notary Public, State of Ohio

My Commission Has No Expiration

O.R.C. 147.03

[Signature]
(Notary Public)

Commission Expires _____

(Notary Seal)

(Date)

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF OHIO

County of Tuscarawas :SS

David L. Moreland, being first duly sworn, deposes and says that she/he is

Executive Vice President

of

O.I.S. Tire, Inc.

that this affidavit is made in compliance with section 1701.86 of the ORC:

(Title)

(Section #)

That said corporation has (Check one of the following)

- A. has no personal property in any county in the State of Ohio:
- B. personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: David L. Moreland

David L. Moreland

Name: _____

Sworn before me and subscribed in my presence on

7/9/09
(Date)

RICHARD W. HINIG, Atty.
Notary Public, State of Ohio
My Commission Has No Expiration
O.R.C. 147.03

[Signature]
(Notary Public)

(Notary Seal)

Commission Expires _____
(Date)