



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/08/2008	200819000954	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	.00	.00	.00	.00

Receipt

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

AMERICAN ELECTRIC POWER
CHARMAINE HAMILTON
1 RIVERSIDE PLAZA, 29TH FL
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

42639

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

OHIO POWER COMPANY

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

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT

Document No(s):

200819000954



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 2nd day of July, A.D.
2008.

Ohio Secretary of State



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

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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 788 Columbus, OH 43216

STATUTORY AGENT UPDATE

(For Domestic or Foreign, Profit or Nonprofit)
 Filing Fee \$25.00

RECEIVED
 SECRETARY OF STATE
 2008 JUL -2 AM 11:29
 CLIENT SERVICE CENTER

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent <input checked="" type="checkbox"/> Corp <input type="checkbox"/> LP (165-AGS) <input type="checkbox"/> LLC (171-LSA)	(2) Change of Address of an Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (145-AGA) <input type="checkbox"/> LLC (144-LAD)	(3) Resignation of Agent <input type="checkbox"/> Corp <input type="checkbox"/> LP (155-AGR) <input type="checkbox"/> LLC (153-LAG)
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Complete ALL of the general information in this section for the box checked above.

Name of Entity Ohio Power Company

Charter or Registration No. 42639

Name of Current Agent D. Michael Miller

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

Name and Address of New Agent James L. Reeves
(Name)

1 Riverside Plaza, 29th FL
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Columbus Franklin Ohio 43215
(City) (County) (State) (Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, James L. Reeves, named herein as the Statutory agent for, Ohio Power Company, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____

James L. Reeves
 (Statutory Agent)

* If the entity listed is an Ohio Domestic, the agent must sign the **Acceptance of Appointment**

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

Old Address of Agent

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** _____
(State) (Zip Code)

New Address of Agent

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) **Ohio** _____
(State) (Zip Code)

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

Is this agent resigning?

Yes No

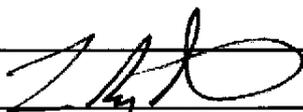
**Current or last known address
of the entity's principal office
where a copy of this Resignation
of Agent was sent as of the date
of filing or prior to the date filed**

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

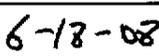
(City) (State) (Zip Code)

REQUIRED

Must be authenticated (signed) by an
authorized representative
(See Instructions)



Authorized Representative



Date