



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/25/2002	200220600902	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CSC/DIAMOND ACCESS
50 W. BROAD STREET, SUITE 1800
COLUMBUS, OH 43215

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1330821**

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

SCREAMIN GENE'S ICE CREAM AND DONUTS

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 07/19/2002
Expiration Date: 07/24/2007

Document No(s):

200220600902

GW CONCESSIONS & NOVELTIES, INC.
24050 COMMERCE PARK
BEACHWOOD, OH 44122



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 24th day of July, A.D.
2002.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☐ No PO Box 670
Columbus, OH 43216

NAME REGISTRATION
(For Domestic/Foreign Profit or Non-Profit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO) Date of first use <u>7-19-02</u> MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Screamin Gene's Ice Cream and Donuts

The Registrant is (Check Appropriate Box)

- | | |
|---|---|
| ☐ Individual | ☒ Foreign Corporation incorporated in the state of <u>District of Columbia</u> holding Ohio license no. <u>FL810183</u> |
| ☐ Limited Partnership: Reg. No. _____ | ☐ Unincorporated Association |
| ☐ Ohio Limited Liability Co., Reg. No. _____ | ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| ☐ Ohio Corporation, Charter No. _____ | |
| ☐ General Partnership | |
| ☐ Other _____ | |

The name of the registrant designated above is

GW Concessions & Novelties, Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

24050 Commerce Park, Suite 203

(Street)

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

Beachwood

(City)

Cuyahoga

(County)

Ohio

(State)

44122

(Zip Code)

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

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

to operate retail food establishment

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

- ☐ Please reserve the name listed below. (only one name per form)
- ☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.**

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

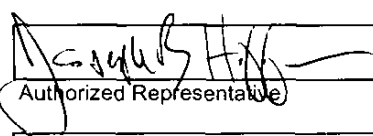
(Print Name)

(Address)

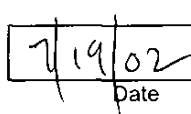
(City, State and Zip Code)

REQUIRED

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


Authorized Representative

Authorized Representative


Date

Date