DOC ID ----> 200234303504

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/11/2002	200234303504	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

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

PICKRELL, SCHAEFFER & EBELING CO., L.P.A.
2700 KETTERING TOWER
40 N. MAIN ST
DAYTON, OH 45423-2700

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1356280

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

BUCKEYE FIRE

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 05/29/2001
Expiration Date: 12/09/2007

Document No(s):

200234303504

MEGACITY FIRE PROTECTION, INC.
8210 EXPANSION WAY
DAYTON, OH 45424

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 9th day of December, A.D. 2002.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200234303504

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 Profit or Non-Profit)
Filing Fee $50.00

2002 DEC -9 AM 8:29

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Trade Name (167-RNO)	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use 5/29/01 MM/DD/YYYY		☐ Original ☐ Renewal Registration No.

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

The exact name being registered or reported is Buckeye Fire

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. _____
- ☐ Ohio Limited Liability Co., Reg. No. _____
- ☑ Ohio Corporation, Charter No. 671495
- ☐ General Partnership
- ☐ Other _____
- ☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
- ☐ Unincorporated Association
- ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____

The name of the registrant designated above is

Megacity Fire Protection, 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 on 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

8210 Expansion Way
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Dayton	Montgomery	Ohio	45424
(City)	*(County)*	*(State)*	*(Zip Code)*

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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)
N/A	

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)

sell, lease, install and service fire prevention equipment

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)

Must be authenticated by an authorized representative

* Kathleen Lagrou Vice-President — Authorized Representative — 12/04/02 — Date

Authorized Representative — Date