



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2003	200304302718	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

CLINE, COOK & WEISENBURGER CO., LPA
300 MADISON AVE., STE 1100
TOLEDO, OH 43604

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****1368197**

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

SUPPLEMENTAL STAFFING

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 02/10/2008

Document No(s):

200304302718

RICHARD MCNASH, INC.
5333 SOUTHWYCK BLVD.
TOLEDO, OH 43614



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 10th day of February,
A.D. 2003.

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

2003 FEB 10 PM 1:27

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use _____ 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

Supplemental Staffing

The Registrant is (Check Appropriate Box)

- | | |
|--|--|
| ☐ Individual | ☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ |
| ☐ 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. <u>1302678</u> | |
| ☐ General Partnership | |
| ☐ Other _____ | |

The name of the registrant designated above is

Richard McNash, 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

5333 Southwyck Boulevard

(Street)

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

Toledo

(City)

Lucas

(County)

Ohio

(State)

43614

(Zip Code)

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

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

temporary and permanent employment staffing services

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

- 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 (signed)
by an authorized representative
(See Instructions)**

Authorized Representative
Malcolm C. Richards

Authorized Representative

2-3-03

Date _____

Date _____