



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/23/2004	200408203224	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

MONTESSORI SCHOOL OF UNIVERSITY HEIGHTS
6761 KAREN DR
CLEVELAND, OH 44131

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

RN53415

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

MONTESSORI SCHOOL OF UNIVERSITY HEIGHTS

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200408203224



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 18th day of March, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by
J. KENNETH BLACKWELL, Secretary of State
30 East Broad Street, Lower Level
Columbus, Ohio 43266-0418

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN53415**

2. The trade name to be renewed is:
MONTESSORI SCHOOL OF UNIVERSITY HEIGHTS

3. The date of original registration is: **June/28/1979**

4. The applicant is: (check appropriate item)

- ☒ an individual
☒ an Ohio corporation, Charter Number: 375436
☐ a foreign corporation, incorporated in the state of: _____
☐ a General Partnership
☐ a Limited Liability Company
☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed is: _____
☐ a Professional association
☐ an association
☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

Association for the Development of the Human Potential

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

6761 Karen Drive
 (Street address only, P. O. Box not acceptable)
Seven Hills, Cuyahoga, Ohio, 44131
 (City, Village or Township) (County) (State) (Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: Maurice Wood
 Secretary/Treasurer

2004 JUN 10 11 3 24