DOC ID ----> 200517200472

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/22/2005	200517200472	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

S. SANKAR
10237 STAMFORD COURT
STRONGSVILLE, OH 44136

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

1183516

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

SREE ENTERPRISES

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200517200472**

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 20th day of June, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200517200472

J. Kenneth Blackwell, Secretary of State
30 East Broad Street
Lower Level
Columbus, Ohio 43215

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1183516**

2. The trade name to be renewed is:
SREE ENTERPRISES

RECEIVED
JUN 20 2005
J. KENNETH BLACKWELL
SECRETARY OF STATE

3. The date of original registration is: **September 7, 2000**

4. The applicant is: (check appropiate item)
   - X an individual
   - ___ an Ohio corporation, Charter Number: _____
   - ___ 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: _____
   - ___ a Professional association
   - ___ an association
   - ___ a Society, Foundation, Federation or other organization

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

S. SANKAR

(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:

10237 STAMFORD CT
(Street address only, P.O. Box not acceptable)

STRONGSVILLE, CUYAHOGA, OH, 44136
(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 appplicant.

By: _____