



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/09/2006	200615902868	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

JERALD L MOSS
2806 PAYNE AVE
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1628612

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

OHIO COURT REPORTING SERVICES, INC.

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

200615902868

Date of First Use: 05/01/2006

Expiration Date: 06/08/2011

NATIONAL COURT REPORTERS, INC.

16600 SPRAGUE RD

STE 35

MIDDLEBURGH HTS, OH 44130



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 8th day of June, A.D.
2006.

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>May 1, 2006</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 Ohio Court Reporting Services, Inc.

The Registrant is (Check Appropriate Box)

- | | |
|---|---|
| <p>☐ Individual</p> <p>☐ Limited Partnership Reg No _____</p> <p>☐ Ohio Limited Liability Co., Reg No _____</p> <p>☒ Ohio Corporation, Charter No <u>1512278</u></p> <p>☐ General Partnership</p> <p>☐ Other _____</p> | <p>☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no _____</p> <p>☐ Unincorporated Association</p> <p>☐ Foreign Limited Liability Co. holding Ohio Reg No _____ organized in the state of _____</p> |
|---|---|

The name of the registrant designated above is

National Court Reporters, 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

16600 Sprague Rd. #35

(Street)

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

Middleburgh Heights

(City)

Cuyahoga

(County)

Ohio

(State)

44130

(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)

Court reporting services

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)

X *Venetia Kotoch* X 6-2-06
Authorized Representative Venetia Kotoch Date

Authorized Representative Date