



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/07/2007	200712700164	TRADE NAME/ORIGINAL FILING (RNO)	50 00	100.00	.00	00	00

Receipt

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

CT CORPORATION SYSTEM
ATTN: TIMOTHY ROBERSON
17 S HIGH ST., SUITE 1100
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1697699

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

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

200712700164

Date of First Use: 04/24/2007

Expiration Date: 05/04/2012

CTPARTNERS EXECUTIVE SEARCH

LLC

25825 SCIENCE PARK DRIVE, STE 100

BEACHWOOD, OH 44122



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 4th day of May, A.D.
2007.

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>04/24/2007</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

CTPartners

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. <u>1426759</u> |
| ☐ Ohio Corporation, Charter No. _____ | organized in the state of <u>Delaware</u> |
| ☐ General Partnership | |
| ☐ Other _____ | |

The name of the registrant designated above is

CTPartners Executive Search LLC

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

25825 Science Park Drive, Suite 100

(Street)

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

Beachwood

(City)

Cuyahoga

(County)

Ohio

(State)

44122

(Zip Code)

RECEIVED
 SECRETARY OF STATE
 2007 MAY -4 PM 3:48
 CLIENT SERVICE CENTER

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)

retained executive search

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)

David C. Nocifora COO/CFO
Authorized Representative
David C. Nocifora, COO/CFO

Authorized Representative

04/25/2007

Date

Date