DOC ID ----> 200717003410

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/20/2007	200717003410	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

THOMAS DOOR CONTROLS INC
4196 INDIANOLA AVE
COLUMBUS, OH 43214

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

RN23671

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

THOMAS DOOR CONTROLS, INC.

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**200717003410**

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 19th day of June, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200717003410

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RENEWAL OF TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **RN23671**

2. The trade name to be renewed is:
   THOMAS DOOR CONTROLS, INC.

3. The date of original registration is: **September 27, 1967**

4. The applicant is: (check appropiate item)
   - ___ an individual
   - [X] an Ohio corporation, Charter Number: 358437
   - ___ 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:
   THOMAS DOOR CONTROLS, INC.
   (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:
   4196 INDIANOLA AVE
   (Street address only, P.O. Box not acceptable)
   COLUMBUS, FRANKLIN, OHIO, 43214
   (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: _____ PRESIDENT