



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/11/2007	200734401596	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CSP PUBLISHING CORPORATION
1350 WEST FIFTH AVE
COLUMBUS, OH 43212

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1744850**

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

BENGALS REPORT

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING**200734401596**

Date of First Use: 09/01/2001

CSP PUBLISHING CORP.

Expiration Date: 12/07/2012

1350 W. FIFTH AVE. #30

COLUMBUS, OH 43212



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 7th day of December,
A.D. 2007.

Ohio Secretary of State



Prescribed by:

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

www.sos.state.oh.us

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 Nonprofit)

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>9/1/2001</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

BENGALS REACT

The Registrant is (Check Appropriate Box)

- | | |
|---|--|
| ☐ Individual | ☐ Foreign Corporation incorporated in the state of _____ |
| ☐ Limited Partnership: Reg. No. _____ | holding Ohio license no. _____ |
| ☐ Ohio Limited Liability Co., Reg. No. _____ | ☐ Unincorporated Association |
| ☒ Ohio Corporation, Charter No. <u>669922</u> | ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ |
| ☐ General Partnership | organized in the state of _____ |
| ☐ Other _____ | |

The name of the registrant designated above is

CSA PUBLISHING CORP.

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

1350 W. FIFTH AVE, #30

(Street)

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

COLUMBUS

(City)

FRANKLIN

(County)

OHIO

(State)

43201

(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)

NEWS PAPER

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)

Authorized Representative

Authorized Representative

Date

Date