DOC ID ----> 200824902170

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/08/2008	200824902170	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

SCHOTTENSTEIN, ZOX & DUNN CO., LPA
250 WEST STREET
ATTN: HEIDI BOWMAN
COLUMBUS, OH 43215-2538

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1803751

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

METSS

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

Document(s)

TRADE NAME/ORIGINAL FILING
Date of First Use: 04/05/1996
Expiration Date: 09/03/2013

Document No(s):

200824902170

MATERIAL ENGINEERING AND
TECHNICAL SUPPORT SERVICES CORP
300 WESTDALE AVE
WESTERVILLE, OH 43082

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 3rd day of September, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200824902170

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

RECEIVED
2008 SEP -3 PM 3:24
SECRETARY OF STATE
CLIENT SERVICE CENTER

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)	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use 04/05/1996 MM/DD/YYYY		☐ Original ☐ Renewal Registration No.

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is: Metss

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. ____
- ☐ Ohio Limited Liability Co., Reg. No. ____
- ☒ Ohio Corporation, Charter No. 937873
- ☐ General Partnership
- ☐ Other ____
- ☐ Foreign Corporation incorporated in the state of ____ holding Ohio license no. ____
- ☐ Unincorporated Association
- ☐ Foreign Limited Liability Co. holding Ohio Reg. No. ____ organized in the state of ____

The name of the registrant designated above is

Material Engineering and Technical Support Services Corp., dba METSS Corporation

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

300 Westdale Avenue
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Westerville	Delaware	OH	43082
(City)	*(County)*	*(State)*	*(Zip Code)*

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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)

To own, operate & manage real estate

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 — Date: 9/2/08

Authorized Representative — Date