DOC ID ----> 201004300302

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/16/2010	201004300302	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

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

CORPORATE IMPACT
33326 BONNIEVIEW DR.
STE 200
AVON LAKE, OH 44012

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

RN133875

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

CORPORATE IMPACT

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**201004300302**

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 February, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201004300302

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: **RN133875**

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FEB - 8 2010
SECRETARY OF STATE

2. The trade name to be renewed is:
CORPORATE IMPACT

3. The date of original registration is: **May 23, 1990**

4. The applicant is: (check appropriate item)
   - ___ an individual
   - ✓ an Ohio corporation, Charter Number: 662293
   - ___ 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:
IMPACT PEOPLE ASSET Management, 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:
33326 Bennie View
(Street address only, P.O. Box not acceptable)
Avon Lake, Lorain, OH, 44012
(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: Michael G Wood, President