DOC ID ----> 201020300740

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/23/2010	201020300740	BIENNIAL REPORT OF PROFESSIONAL CORP (10A)	25.00	.00		.00	.00

Receipt

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

P.A.C.E. INC.
3501 TIFFANY RIDGE LANE
CINCINNATI, OH 45241

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

464322

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

P.A.C.E., INC.

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

Document(s)	Document No(s):
BIENNIAL REPORT OF PROFESSIONAL CORP	**201020300740**

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 15th day of July, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201020300740

Form 520 Prescribed by the:
Ohio Secretary of State

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

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

◎ Expedite P.O. Box 1390
Columbus, OH 43216
Requires an additional fee of $100

◉ Non Expedite P.O. Box 788
Columbus, OH 43216

Biennial Report

Filing Fee: $25

Check Only One (1) Box

(1) [X] 2010 (indicate year) Biennial Report of Professional Corporation (102-YRA)
(even-numbered years)

List Profession ENGINEERING

(2) [ ] _____ (indicate year) Biennial Report of Limited Liability Partnership (103-YRL)
(odd-numbered years)

If foreign limited liability partnership, provide jurisdiction of formation _____

Name of Entity P.A.C.E., INC.

Charter or Registration Number 464322

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

Shareholders of Professional Corporation
Authenticating this form constitutes a certification that all the below listed shareholders are duly licensed or otherwise legally authorized to render the professional services in this state in the profession that is listed above.

Name	Address
FREDERICK F. FRANCIS P.E.	3501 TIFFANY RIDGE, CINCINNATI, O.

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

Address of the partnership's chief executive office:

[redacted]
Mailing Address

[redacted] [redacted] [redacted]
City State Zip Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio:

Mailing Address

City Ohio State Zip Code

If the partnership does not have an office in Ohio, the name and address of the partnership's current agent for service of process:

Name of Agent

Mailing Address

City Ohio State Zip Code

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

[signature] 13 July 10
Signature Date

FREDERICK F FRANKLIN, P.E.
Print Name