



|            |              |                               |        |       |         |      |      |
|------------|--------------|-------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                   | FILING | EXPED | PENALTY | CERT | COPY |
| 09/09/2010 | 201025100887 | FICTITIOUS NAME RENEWAL (NFR) | 25.00  | .00   |         | .00  | .00  |

**Receipt**

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

KOLAR SERVICE COMPANY  
130 W STREETSBO RO ST  
HUDSON, OH 44236

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner**

**FN52695**

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

**CAMBRIDGE SERVICES CO.**

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

Document(s):

**FICTITIOUS NAME RENEWAL**

Document No(s):

**201025100887**



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 September,  
A.D. 2010.

Ohio Secretary of State



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

## RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **FN52695**

2. The fictitious name to be renewed is:  
**CAMBRIDGE SERVICES CO.**

**RECEIVED**

**SEP 07 2010**

3. The date of original registration is: **December 26, 1990**

**SECRETARY OF STATE**

4. The applicant is: (check appropriate item)

- ☐ an individual  
☒ an Ohio corporation, Charter Number: 782779  
☐ 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:

KOLAR SERVICE 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:

130 W. Streetsboro Street

(Street address only, P.O. Box not acceptable)

Hudson

(City, Village or Township)

Summit

(County)

Ohio

(State)

44236

(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: David M Kolar