DOC ID ----> 201030100790

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/28/2010	201030100790	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00		.00	.00

Receipt

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

ADVANCED DISTRIBUTION SERVICES INC.
5675 ARLYNE LANE
MEDINA, OH 44256

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1972517

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

CHAMPION FULFILLMENT

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 10/01/2010
Expiration Date: 10/28/2015

Document No(s):

201030100790

ADVANCED DISTRIBUTION SERVICES, LTD.
5675 ARLYNE LANE
MEDINA, OH 44256

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 28th day of October, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201030100790

Form 534A 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:

PO Box 1390
Columbus, OH 43216
(●) Expedite

*** Requires an additional fee of $100 ***

PO Box 670
Columbus, OH 43216
( ) Non Expedite

2010 OCT 28 AM 10:40

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☑ Trade Name (167-RNO) Date of first use: 1-Oct-10	☐ Fictitious Name (169-NFO)

Name being registered or reported: Champion Fulfillment

Name of the Registrant: Advanced Distribution Services, LTD

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

☐ Individual

☐ Partnership
Registration #, if any _____

☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____

☑ Limited Liability Company
Registration # 1283500
If foreign, Jurisdiction of Formation _____

☐ Ohio Corporation
Charter # _____

☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

DOC ID ----> 201030100790

All registrants must complete the information in this section

Business address:

5675 Arlyne lane
Mailing Address

Medina | OH | 44256
City | State | Zip Code

The general nature of the business conducted by the registrant:

Any business which company may lawfully conduct in the State of Ohio.

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign 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 provide the assumed name and the name as registered in its jurisdiction of formation.

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 the registrant or an authorized representative

ADVANCED DISTRIBUTION SERVICES, LTD.

X _____
Signature

10/27/2010
Date

Paul W. Wright, Jr.
Print Name

_____
Signature

_____
Date

_____
Print Name