DOC ID ----> 201033600732

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/03/2010	201033600732	TRADE NAME RENEWAL (RNR)	25.00	.00		.00	.00

Receipt

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

ASTUTE SOLUTIONS
2400 CORPORATE EXCHANGE DR - #150
COLUMBUS, OH 43231

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1218343

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

ASTUTE SOLUTIONS

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

Document(s)	Document No(s):
TRADE NAME RENEWAL	**201033600732**

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 1st day of December, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201033600732

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: **1218343**

2. The trade name to be renewed is:
ASTUTE SOLUTIONS

RECEIVED
SECRETARY OF STATE

3. The date of original registration is: **March 16, 2001**

4. The applicant is: (check appropriate item)
   - ___ an individual
   - ✓ an Ohio corporation, Charter Number: 923609
   - ___ 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:

ASTUTE, 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:

2400 Corporate Exchange Dr, Ste 150
(Street address only, P.O. Box not acceptable)

Columbus, Franklin, Ohio, 43231.
(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: _____ CFO