



DATE: 10/18/2012	DOCUMENT ID: 201229200384	DESCRIPTION: TRADE NAME REGISTRATION (RNO)	FILING: 50.00	EXPED: .00	PENALTY:	CERT: .00	COPY: .00
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Receipt

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

CTPRATNERS EXECUTIVE SEARCH, INC.
28601 CHAGRIN BLVD.
SUITE 600
CLEVELAND, OH 44122

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2144408**

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

CTPARTNERS

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

Document(s):

TRADE NAME REGISTRATION

Date of First Use: 04/24/2007
Expiration Date: 10/17/2017

Document No(s):

201229200384

CTPARTNERS EXECUTIVE SEARCH, INC.
28601 CHAGRIN BOULEVARD
SUITE 600
CLEVELAND, OH 44122



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 17th day of October, A.D.
2012.

Ohio Secretary of State



Prescribed by:

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

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the following:

☐ Yes PO Box 1390
 Columbus, OH 43216

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

☐ No PO Box 670
 Columbus, OH 43216

NAME REGISTRATION
 (For Domestic/Foreign Profit or Nonprofit)
 Filing Fee \$50.00

RECEIVED

OCT 01 2012

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO) Date of first use <u>04/24/2007</u> MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

CTPartners

The Registrant is (Check Appropriate Box)

- | | |
|---|--|
| ☐ Individual | ☒ Foreign Corporation incorporated in the state of <u>Delaware</u> |
| ☐ Limited Partnership: Reg. No. _____ | holding Ohio license no. <u>1426759</u> |
| ☐ Ohio Limited Liability Co., Reg. No. _____ | ☐ Unincorporated Association |
| ☐ Ohio Corporation, Charter No. _____ | ☐ Foreign Limited Liability Co. holding |
| ☐ General Partnership | Ohio Reg. No. _____ |
| ☐ Other _____ | organized in the state of _____ |

The name of the registrant designated above is

CTPartners Executive Search, Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

28601 Chagrin Boulevard, Suite 600

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Cuyahoga

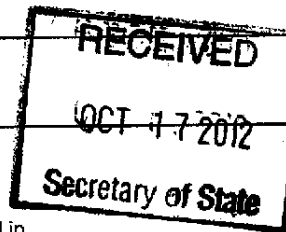
(County)

Ohio

(State)

44122

(Zip Code)



Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) 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 note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

retained Executive Search Services

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME**

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED

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

David C. Nocifora

Authorized Representative David C. Nocifora

21 Sep 12
Date

Authorized Representative

Date