



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/04/2013	201315400953	BIENNIAL REPORT/LIMITED LIABILITY PARTNERSHIP (13L)	25.00	.00		.00	.00

Receipt

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BUCKINGHAM DOOLITTLE & BURROUGHS LLP
3800 EMBASSY PARKWAY
SUITE 300
AKRON, OH 44333

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**943047**

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

BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP.

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

Document(s):

BIENNIAL REPORT/LIMITED LIABILITY PARTNERSHIP

Document No(s):

201315400953**Effective Date: 06/03/2013**

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 4th day of June, A.D.
2013.

Ohio Secretary of State



Form 520 Prescribed by the:
Ohio Secretary of State

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

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Expedite P.O. Box 1390
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Biennial Report

Filing Fee: \$25

(Check Only One (1) Box)

(1) _____ (indicate year) Biennial Report of
Professional Corporation (102-YRA)
(even-numbered years)

List Profession _____

(2) X 2013 (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 BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP.

Charter or Registration Number 943047

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

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

Address of the partnership's chief executive office:

3900 Embassy Parkway Suite 300
Mailing Address
Akron Ohio 44333
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

Timothy J. McEldowney - CFO

Print Name

Timothy J. McEldowney

Date

5/30/2013