



| DATE:      | DOCUMENT ID  | DESCRIPTION                      | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|----------------------------------|--------|-------|---------|------|------|
| 04/23/2014 | 201411200996 | TRADE NAME/ORIGINAL FILING (RNO) | 50.00  | .00   |         | .00  | .00  |

**Receipt**

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

JOHN MANOS  
739 EAST 140TH STREET  
CLEVELAND, OH 44110

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****2289043**

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

**WALL STREET INTERMODAL**

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

Document(s)

Document No(s):

**TRADE NAME/ORIGINAL FILING****201411200996****Effective Date: 04/22/2014**

Date of First Use: 04/01/2014

WALL STREET INTERMODAL

Expiration Date: 04/22/2019

3329 FROST RD

MANTUA, 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 23rd day of April, A.D.  
2014.

Ohio Secretary of State



Form 534A Prescribed by:

**JON HUSTED**  
**Ohio Secretary of State**

Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Mail this form to one of the following:

Regular Filing (non expedite)  
 P.O. Box 670  
 Columbus, OH 43216

Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1390  
 Columbus, OH 43216

## Name Registration

**Filing Fee: \$50**

CHECK ONLY ONE (1) Box

☒ Trade Name  
 (167-RNO)

Date of first use: 4/01/2014

MM/DD/YYYY

☐ Fictitious Name  
 (169-NFO)

2014 APR 22 AM 9:43

Wall Street Intermodal

Name being Registered or Reported

Wall Street Systems, Inc.

Name of the Registrant

**Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.**

Registrant's Entity Number (if registered with Ohio Secretary of State): 434789

**All registrants must complete the information in this section**

The general nature of business conducted by the registrant:

Intermodal transportation services

Business address:

3329 Frost Road

Mailing Address

Mantua

City

Ohio

State

44255

Zip Code

**Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.**

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

Name

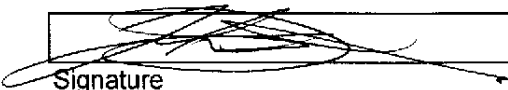
Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company 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**

Application must be signed by the registrant or an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.