



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
07/13/2017	201719201590	FICTITIOUS NAME REGISTRATION (NFO)	39.00	0.00	0.00	0.00	0.00

Receipt

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

STRESS ANALYSIS SERVICES, INC.
PO BOX 1225
BATH, OH 44210-1225

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4049725

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

SAS TECHNICAL DISTRIBUTORS INC.

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

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 07/11/2017

Document No(s):

201719201590

Expiration Date: 07/11/2022

STRESS ANALYSIS SERVICES, INC.
PO BOX 1225
BATH, OH 44210



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
13th day of July, A.D. 2017.

Ohio Secretary of State



Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of StateCentral Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 7/11/2017

Name Registration
Filing Fee: \$39**CHECK ONLY ONE (1) Box**☐Trade Name
(167-RNO)

Date of first use:

MM/DD/YYYY☒Fictitious Name
(169-NFO)

SAS TECHNICAL DISTRIBUTORS INC.

Name being Registered or Reported

STRESS ANALYSIS SERVICES, 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): 399961

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

MANUFACTURERS' REPRESENTATIVE FOR SENSORS & TEST EQUIPMENT SERVING THE OEM, TEST & INDUSTRIAL MARKETS

Business address:

PO BOX 1225

Mailing Address

BATH

City

OH

State

44210

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.

CONNIE DAGUE

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.