DOC ID ----> 201821502648

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/06/2018	201821502648	BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION (18A)	25.00	0.00	0.00	0.00

Receipt

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

P.A.C.E., INC.
ATTN: FREDERICK F. FRANKLIN
3501 TIFFANY RIDGE
CINCINNATI, OH 45241

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

464322

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

P.A.C.E., INC.

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

Document(s)	Document No(s):
BIENNIAL REPORT OF PROFESSIONAL ASSOCIATION	**201821502648**

Effective Date: 08/02/2018

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 6th day of August, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201821502648

Form 520 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

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

2018 AUG -2 PM 2:20

Biennial Report
(Domestic, Professional Association, Domestic or Foreign LLP)
Filing Fee: $25

CHECK ONLY ONE (1) Box

(1) ☒ 2018 Indicate Year — Biennial Report of Professional Association (102-YRA) (even-numbered years)

List Profession: ENGINEER

(2) ☐ _____ 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: P.A. C.E., INC.

Charter or Registration Number: 464322

Complete the information in this section if box (1) is checked

Shareholders of Professional Association
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
FREDERICK F. FRANKLIN	3501 TIFFANY RIDGE, CINCINNATI, O[redacted] 45241

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

Address of the partnership's chief executive office:

3501 TIFFANY RIDGE LN.
Mailing Address

CINCINNATI | OHIO | 45241
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 | Zip Code
State

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 | Zip Code
State

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
Report must be signed by an officer of the professional association or partner or authorized representative of the partnership.

Frederick F Franklin, P.E.
Signature

By (if applicable)

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

FREDERICK F. FRANKLIN, P.E.
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.