## United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AT&T CORP., a New York corporation, having qualified to do business within the State of Ohio on October 19, 1898 under License No. 48212 is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of May, A.D. 2012

**Ohio Secretary of State** 

Validation Number: V2012129M93357



DATE: 12/03/2008 DOCUMENT ID 200833800634

DESCRIPTION TRADE NAME RENEWAL (RNR)

FILING

EXPED 00 PENALTY .00

CERT

COPY .00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1053987

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

LUCKY DOG PHONE CO.

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

Document(s)

TRADE NAME RENEWAL

Document No(s):

200833800634



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 2nd day of December, A.D. 2008.

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:					
i		PO Box 1390					
	○Yes	Columbus, OH 43216					
	*** Requires an additional fee of \$100 ***						
		PO Box 788					
	O No	Columbus, OH 43216					

**RENEWAL** (For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

	ONLY ONE (1) B al of Trade Name		ral of Fictitious Name	Renewal of Service			<b>L</b>	
Reg. No.	1053987	Reg. No.		Reg. Na.	Must Be Acc Specimen	ompanied	by	
Name of El Description Renewed	ntity or n of Mark to be	Lucky D	og Phone Company			.000		
Name of A	pplicant	AT&T Co	rp.			<u> </u>	2008	
	Name or Mark	(Name of Ap)	olicant)			7.11	<u></u>	- (j
		The	Applicant is (Check	Appropriate Box)			r's	10
	al Partnership: ry of State Reg. No	o		Foreign Corporation is the state of holding Ohio license is	New York		<u>교</u>	- 14 P
Ohio Co	mited Liability Com prporation, Charter Partnership			Unincorporated Assor Foreign Limited Liabil holding Ohio Reg. No organized in the state	ity Company		25	
		One AT&T Way		organization in the state				<del></del>
Business A	ddress	(Street Address)	NOTE: P.O. Box Addr	esses are NOT acceptable.		-		
		Bedminster	Somerset	NJ		07921		
		(City)	(Сог	inty) (State	)	(Zip	Code)	
Addresses	rtners Names & (If Applicable) anal Sheet If Needed)							<b>–</b>
Must be aut by an autho	QUIRED thenticated (sign prized representa structions)	tive	anual Wer		Date	26/0	8(	



DATE: 07/17/2009 DOCUMENT ID 200919701686

DESCRIPTION TRADE NAME/ORIGINAL FILING (RNO) FILING

KPED PENALTY

CERT

COPY

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1870385

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

#### AT&T BUSINESS SOLUTIONS

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

Document(s)

Document No(s): 200919701686

TRADE NAME/ORIGINAL FILING

Date of First Use: Expiration Date: 10/31/2008 07/16/2014 AT&T CORP.

ONE AT&T WAY BEDMINSTER, NJ 07921

SECRETARIO DE LA CONTRACTOR DE LA CONTRA

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 16th day of July, A.D. 2009.

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 For	m to one of the Following:				
<b>A</b>	PO Box 1390				
Yes	Columbus, OH 43216				
*** Req	uires an additional fee of \$100 ***				
0.11	PO Box 670				
O №	Columbus, OH 43216				

#### NAME REGISTRATION

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

THE UNDERSIGNED HEREBY STATES THE FOLLOWING: (CHECK ONLY ONE (1) BOX) (1) X Trade Name (167-RNO) (2) D Fictitious Name (3) Name Reservation (169-NFO) (160-NRO) 10/31/2008 Date of first use Original MM/DD/YYYY Renewal Registration No. Complete the information in this section if box (1) or (2) is checked. The exact name being registered or reported is AT&T Business Solutions The Registrant is (Check Appropriate Box) ☐ Individual Foreign Corporation incorporated in the state of New York Limited Partnership: Reg. No. holding Ohio license no. Ohio Limited Liability Co., Reg. No.
 Ohio Corporation, Charter No.
 General Partnership
 Other Unincorporated Association Foreign Limited Liability Co. holding Ohio Reg. No. organized in the state of The name of the registrant designated above is AT&T Corp. 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 One AT&T Way (Street) NOTE: P.O. Box Addresses are NOT acceptable. Bedminster 07921 Somerset New Jersey (County) (State) (Zip Code)

OH014 - 4/09/2007 C T System Online

Page 1 of 2

Last Revised: May 2002

omplete the information in this section	on if box (1) or	(2) is checked Cont		
omplete only if registrant is a genera AME OF ALL GENERAL PARTNE		COMPLETE RESIDENTIA	L ADDRESSES (ir	ncluding zip code)
OTE: Pursuant to OAG 89-081, if a ansact business in Ohio; if a genera ease note both the assumed name	l partner is a fo	oreign corporation licensed in	Ohio under an assu	e licensed to umed name,
ne nature of the business conducted	by the registr	rant under the trade or fictitiou	s name is (please t	e specific)
Telecommunications				
omplete the information in this secti	on if box (3) is	checked.		
Please reserve the name I	sted below. (or	nly one name per form)		
Please reserve the first na	me available in	the order of my preference.		
understand that I am not guarantee SECRETARY OF STATE'S OFFICE	STATING TH	AT THE NAME HAS BEEN R		
The name reservation is ve	alid for a period	of 180 days.		
(First Choice)				
(Second Choice)	<del></del>			L-Martin
(Third Choice)				
(Applicant)		(Print Name)		
(Address)			<del>, ,</del>	
(City, State and Zip Code)				
REQUIRED  Must be authenticated (signed)  by an authorized representative  (See Instructions)	Authorized R	Representative Ryan N. K	Lenigsberg	7/15/2009 Date
	Authorized F	Representative		Date
534		Page 2 of 2		Last Revised: May 2002



DATE: 07/26/2004

DOCUMENT ID 200420800574

DESCRIPTION FICTITIOUS NAME/ORIGINAL FILING (NFO)

PENALTY

COPY

Receipt

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

C.T. CORPORATION SYSTEM 17 S. HIGH STREET COLUMBUS, OH 43215

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1478504

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

**ACC BUSINESS** 

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

Document(s)

Document No(s):

200420800574

FICTITIOUS NAME/ORIGINAL FILING **Expiration Date:** 

07/26/2009

AT&T CORP.

32 AVENUE OF THE AMERICAS

NEW YORK, NY 10013



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 26th day of July, A.D.

Ohio Secretary of State

Quneth Bachwell

JUL-20-2004 17:27

CT CORP

212 8948790

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### Prescribed by J. Kenneth Blackwell

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

www.state.gh.us/sos

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

Expedite this Form: (Solect One)

Mail Form to one of the Following:

PO Box 1390

Columbus, OH 43216
\*\*\* Requires an additional fee of \$100 \*\*\*

O No PO Box 670

Columbus, OH 43216

#### NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit) Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)	To Fig.		
(1) ☐ Trade Name (167-RNO)	(2) X Fictitious Name	(3) Name Reservation	
Date of first use	(169-NFO)	(160-NRO)	
MM/DD/YYYY		Original	
(MINION FFFF	<u> </u>	Renewal Registration No.	
Complete the information in this sec The exact name being registered or			
reported is	ACC BUSINESS		
	The Registrant is (Che	ck Appropriate Box)	
☐ Individual	X	Foreign Corporation incorporated in	
Limited Partnership: Reg. No.	-	the state of New York	
_		holding Ohio license no. 48212	
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 designate	ed above is		
AT&T Corp.			
NUIE: Where the registrant is a partner	ship, the name of the partnership i	nust appear on this line. If the registrant is a	
oreign corporation licensed in Onio unde corporation must appear on this line.	r an assumed name, both the assu	med name and actual corporate title of such	
corporation must appear on this line.			
The business address of the registra	entis		
3			
32 Avenue of the Americas			
(Street)	NOTE: P.O. Box Addresses are i	NOT acceptable.	
		NY	10013
New York	_	14.1	10013

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Page 1 of 3

Last Revised: May 2002

JUL-20-2004 17:27

CT CORP

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COMPLETE RESIDENTIAL ADDRESSES (including zip code)  IAME OF ALL GENERAL PARTNERS  COMPLETE RESIDENTIAL ADDRESSES (including zip code)  IOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to ansact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, lease note both the assumed name and actual corporate title of outs general partner.  In enature of the business conducted by the registrant under the trade or fictitious name is (please be specific)  IELECTRANICATIONS  Securices  Complete the information in this section if box (3) is checked.  Please reserve the first name available in the order of my preference.  Understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE ECRETARY OF STATES OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.  The name reservation is valid for a period of 180 days.  (First Cnoice)  (Applicant)  (Pinn Name)  Authorized Representative  Code instructions)  Authorized Representative  Date  Last Revised: May 2002	Complete the information in this se	ction if box (1) or	(2) is checked Cont.	
ansact business in Ohic; if a general partner is a foreign corporation licensed in Ohio under an assumed name, lease 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)  Telecomunication 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.  understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE ECRETARY 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)  (Applicant)  (Print Name)  Indicated is quartered the secondary of the period of the p			COMPLETE RESIDENTIAL ADDRE	SSES (including zip code)
ansact business in Ohic; if a general partner is a foreign corporation licensed in Ohio under an assumed name, ease note both the assumed name and actual corporate title of such general partner.  In nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)  I electromy (actions Septices)    Please reserve the name listed below. (only one name per form)   Please reserve the first name available in the order of my preference.    Understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE ECCRETARY 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)   (Second Choice)   (Applicant) (Print Name)    Address]   (City, State and Zip Code)   Authorized representative (See Instructions)   Authorized Representative (See Instructions)				
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omplete 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.  understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE ECRETARY 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)   (Applicant)	he nature of the business conduc	ted by the registra	ant under the trade or fictitious name is	(please be specific)
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Please reserve the first name available in the order of my preference.  understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE ECRETARY 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)	omplete the information in this se	ction if box (3) is	checked.	
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The name reservation is valid for a period of 180 days.  [First Choice]  [Second Choice]  [Applicant]  [City, State and Zip Code]  REQUIRED  Last be authenticated (signed) an authorized representative (See Instructions)  Authorized Representative Date  Authorized Representative Date	☐ Please reserve the first	name available in t	he order of my preference.	
(First Choice)  (Second Choice)  (Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  Authorized Representative Date				
(Second Choice)  (Third Choice)  (Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED  ast be authenticated (signed) an authorized representative (See Instructions)  Authorized Representative  Authorized Representative  Date	The name reservation is	valid for a period o	of 180 days.	
(Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED authenticated (signed) an authorized representative (See Instructions)  Authorized Representative Date	(First Choice)	······································		
(Applicant) (Print Name)  (Address)  (City, State and Zip Code)  REQUIRED ust be authenticated (signed) an authorized representative (See Instructions)  Authorized Representative Date	(Second Choice)			
(City, State and Zip Code)  REQUIRED  ust be authenticated (signed) van authorized representative (See Instructions)  Authorized Representative  Date  Authorized Representative  Date	(Third Choice)	······································		
REQUIRED ust be authenticated (signed) van authorized representative (See Instructions)  Authorized Representative  Authorized Representative  Date	(Applicant)	· · · · · · · · · · · · · · · · · · ·	(Print Name)	
REQUIRED ust be authenticated (signed) y an authorized representative (See Instructions)  Authorized Representative  Authorized Representative  Date	(Address)			
ust be authenticated (signed) y an authorized representative (See Instructions)  Authorized Representative  Date  Authorized Representative  Date	(City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
·	ust be authenticated (signed)			
	534		Page 2 of 3	Last Revised: May 2002

TOTAL P.03