\$235

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ID Number: <u>151543</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CORETARY OF STATE CORETARY OF STATE CONTROLLED ON STATE OF STATE O

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is Gray & Pape, Inc.				
2.	It is incorporated under the laws of Ohio				
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on, authorizing it to transact business in Rhode Island under the name of: Gray & Pape, Inc.				
4.	The corporate name of the corporation has been changed to No change.				
	(If no change, so indicate.)				
5.	The name, if different, which it elects to use in Rhode Island is:				
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company, "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: N/A				
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this Application: N/A				
6.	The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:				
	(If no other or additional purposes are proposed, insert "No Change.")				
	No Change.				
	FILED				
	0/1/2				

Form No. 151 Revised: 12/05 BY Mr 277359 9:18

	Total Number of				Par Value or Statement that Shares are without Par Value Shares are without Par Value		
	Authorized Shares 100,000		<u>Class</u> Common	<u>Series</u>			
				N/A			
8.	(a)	An estimate of the value of is \$ 631,323	all property to be o	owned by the corporation	for the following year, wherever located,		
	(b)	An estimate of the value of is \$ 33,860	the corporation's p	roperty to be located with	nin Rhode Island during the following year		
	(c)	corporation to be located w	rithin this state during the following y	ng the following year bea	e estimated value of the property of the rs to the value of all property of the 5_4%. [divide (b) by (a) and		
9.	(a)	(a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$_8,016,283					
	(b)	b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 536,449					
	(c)	An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is					
10.	Ex he	Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11.	Thi wh	This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90 th day after the date of this filing					
Dat	te: _	/ Juxe 16		examined this Application including any account statements contained Signature of	erjury, I declare and affirm that I have ation for Amended Certificate of Authority, ompanying attachments, and that all herein are true and correct. Authorized Officer of the Corporation EVIN PARE rint Name of Authorized Officer		
				WW. K	I- VIII AMEN		

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

