



## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



---

---

## Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

### Address

Street

City

State

ZIP Code

### Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

**JON HUSTED**  
Ohio Secretary of State



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

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

# Renewal of Service Mark or Trademark Registration

**Filing Fee: \$25**

**(166-TSMR)**

**Form Must Be Typed**

Description of Mark to be Renewed

Registration Number of Mark

Name of Registrant Renewing Mark   
Name of the Individual or Entity Below

**The trademark or service mark must still be in use in Ohio and a specimen of the mark as actually used must be attached to this form.**

**Registrant is a(n):**

(Check only one (1) box)

**Individual**

**General Partnership**

Registration #, if any

**Limited Partnership**

Registration #

If Foreign, Jurisdiction of Formation

**Limited Liability Partnership**

Registration #

If Foreign, Jurisdiction of Formation

**Limited Liability Company**

Registration #

If Foreign, Jurisdiction of Formation

**Ohio Corporation**

Charter #

**Foreign Corporation**

Ohio License #

Jurisdiction of Formation

**Unincorporated Association**

**Professional Association**

Charter #

**Other**

**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**

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

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

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

## Instructions for Renewal of Service Mark or Trademark

This form should be used to renew a service mark or trademark registration.

### Registration Expiration and Renewal

Generally, a trademark or service mark registration is effective for ten years. A mark registration must be renewed within the six months before the registration expires. Upon filing the renewal, the mark is registered for an additional ten years.

### Description of Mark to be Renewed and Registrant Information

The description of the mark, as it appears on the specimen, must be provided pursuant to Ohio Revised Code §1329.58.

Please provide the name of the registrant renewing the mark. The registrant must be the same as the registrant (owner) of the mark currently reflected in our records. Also, select the appropriate box to describe the registrant as an individual or business entity. If the registrant is a registered entity with our office, provide the registration/charter/license number. If the registrant is a foreign business entity, provide the jurisdiction of formation in the space provided.

### Trademark and Service Mark requirements

Pursuant to Ohio Revised Code §1329.58, the renewal application must state the mark is still in use in Ohio. Also, the applicant must attach a specimen of the mark as actually used. For example, attach a piece of letterhead with the mark in the logo or attach a photocopy of a restaurant menu, tee shirt or other item that contains the mark.

### Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

### Signature(s)

After completing all information on the filing form, please make sure that the form is signed. The application must be signed by the registrant, by an authorized representative, or by an officer of the firm, limited liability company, limited partnership, limited liability partnership, general partnership, corporation, union, association or other organization that is the registrant.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**