



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/17/2004	200404402962	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

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

WM NELSON HARDIN ET AL
132 WOODLAND DR
EATON, OH 45320-9671

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**628878**

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

SISTER CITY OF EATON, INC.

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):

200404402962

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 12th day of February,
A.D. 2004.

J. Kenneth Blackwell
Ohio Secretary of State

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.oh.us/sos

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

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

CONTINUED EXISTENCE OF NON-PROFIT CORPORATION

(For Non-Profit Domestic or Foreign)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)(1) ☒ Statement of Continued Existence (163-CCE)(2) ☐ Verification of Foreign Non-Profit (173-FCE)

The corporation is still actively engaged in exercising its corporate privileges in Ohio

DO HEREBY STATE THE FOLLOWING:

Complete ALL of the general information in this section for the box checked above.Name of Entity Sister City of Eaton, Inc.Charter or License No.
of Entity 628878**Complete the information in this section if box (1) is checked.**Principal Location Eaton Ohio
(City) (County)Date of Incorporation February 13, 1984**Complete the information in this section if box (2) is checked.**Date Qualified in Ohio _____
(Date)

Incorporated in the State of _____

Principal Location NOT
in Ohio

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

Principal Location in Ohio

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (2) is checked.**Has your principal location or Business Address Changed Since Last Filing?**☐ Yes☐ No

If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00

Name and Address of Current Agent (if applicable)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (1) is checked.**Name and Address of Current Agent**

(Agent must sign Acceptance of Appointment if there is a different agent on record)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned _____, named herein as

the Statutory agent for, Sister City of Eaton, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____

(Statutory Agent)

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

Janet L. Nordin
Authorized Representative2-9-04
Date