



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/29/2005	200508701890	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

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

NICHOLAS C. HOLLENKAMP
ONE S. MAIN ST., 1300
DAYTON, OH 45402

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**295657**

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

THE AIR FORCE MUSEUM FOUNDATION, INC.

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

Document(s)

Document No(s):

CERTIFICATE OF CONTINUED EXISTENCE**200508701890**

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 March, A.D.
2005.

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

2005 MAR 16 PM 1:49

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 THE AIR FORCE MUSEUM FOUNDATION, INC.Charter or License No.
of Entity295657**Complete the information in this section if box (1) is checked.**

Principal Location

Dayton

(City)

Montgomery

(County)

Date of Incorporation

November 22, 1960**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

Nicholas C. Hollenkamp

(Name)

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

5025 Rolling Woods Trail

(Street)

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

Dayton

(City)

Montgomery

(County)

Ohio

(State)

45429

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned Nicholas C. Hollenkamp, named herein as
the Statutory agent for, THE AIR FORCE MUSEUM FOUNDATION, INC., hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature:

Nicholas C. Hollenkamp
(Statutory Agent)

REQUIRED

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

Nicholas C. Hollenkamp, Director
Authorized Representative

March 1, 2005

Date