



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/06/2007	200715603196	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

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

CLEVELAND CLINIC FOUNDATION
6801 BRECKSVILLE RD
STE 20
INDEPENDENCE, OH 44131

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**161555**

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

THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):

200715603196

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 4th day of June, A.D.
2007.

Ohio Secretary of State



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

Prescribed by:

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

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 Nonprofit 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 Nonprofit (173-FCE) <i>The corporation is still actively engaged in exercising its corporate privileges in Ohio</i>
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DO HEREBY STATE THE FOLLOWING:

Complete ALL of the general information in this section for the box checked above.

Name of Entity THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION

Charter or License No.
of Entity

161555

Complete the information in this section if box (1) is checked.

Principal Location Cleveland Cuyahoga
(City) (County)

Date of Incorporation January 7, 1935

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

Michael J. Meehan

(Name)

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

1950 Richmond Road, TR-38

(Street)

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

Lyndhurst

(City)

Cuyahoga

(County)

Ohio

(State)

44124

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as
the Statutory agent for, _____, 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)


Authorized Representative

Date