



DATE: 07/01/2013	DOCUMENT ID 201318200311	DESCRIPTION CERTIFICATE OF CONTINUED EXISTENCE (CCE)	FILING 25.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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

THE CLEVELAND CLINIC FOUNDATION
3050 SCIENCE PARK DRIVE
AC-321
BEACHWOOD, OH 44122

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

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):

201318200311**Effective Date: 06/28/2013**

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 1st day of July, A.D.
2013.

Ohio Secretary of State



Form 522 Prescribed by:

JON HUSTED
Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 788
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Statement of Continued Existence

Filing Fee: \$25

CHECK ONLY ONE (1) Box

 (1) ☒ Statement of Continued Existence (163-CCE)
 (Domestic Nonprofit Corporation)

 (2) ☐ Verification of Foreign Nonprofit (173-FCE)
 (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

 Name of Corporation The Cleveland Clinic Educational Foundation

 Charter or License Number 161555

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

 Location of Principal Office Cleveland
 City

Cuyahoga
 County

 Date of Incorporation 01/07/1935
 Date

Complete the information in this section if box (2) is checked

Date of Qualification in Ohio

Date

Jurisdiction of Formation

Jurisdiction

Location of Office NOT in Ohio

Mailing Address

City

State

Zip Code

Location of Office IN Ohio

Mailing Address

City

Ohio
 State

Zip Code

2013 JUN 28 PM 1:53

All Corporations must complete this section**Current Statutory Agent's Name and Address**

CT Corporation System

Name of Agent

1300 East 9th Street

Mailing Address

Cleveland

City

Ohio

State

44114

Zip Code

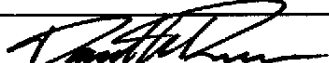
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

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

David W. Rowan

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name