



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/20/2014	201405100490	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

ABRAHAM JOHN JACOB
371 S. GRANT AVE
APT. B
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
45925

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE OHIO ALPHA CHAPTER COMPANY
and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**Effective Date: 02/20/2014**

Document No(s):

201405100490

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 20th day of February, A.D. 2014.

Jon Husted
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

Date Electronically Filed: 2/20/2014

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 OHIO ALPHA CHAPTER COMPANY**

Charter or License Number **45925**

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

Location of Principal Office

ADA

City

HARDIN

County

Date of Incorporation

05/10/1917

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

State

Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

JAMES P. BROWN

Name of Agent

121 NORTH FOURTH STREET

Mailing Address

ZANESVILLE

City

OH

State

437020490

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.

ABRAHAM J. JACOB

Signature

PRESIDENT

By (if applicable)

ABRAHAM J. JACOB

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name