



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/01/2014	201409002228	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

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

THE DELATA KAPPA GAMMA SOCIETY INTERNATIONAL
(OHIO ORGANIZATION) ATTN: VIRGINIA L. KOCH
1643 STONE GLEN DRIVE
LANCASTER, OH 43130-8067

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**494902**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL (OHIO ORGANIZATION)
and, that said business records show the filing and recording of:

Document(s)
CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):
201409002228

Effective Date: 03/31/2014

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 April, A.D. 2014.

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

Name of Corporation

The Delta Kappa Gamma Society International (Ohio Organization)

Charter or License Number

494902

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

Location of Principal Office

~~Xenia~~ *Columbus*

City

~~Franklin~~

County

Date of Incorporation

03/15/1977

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

Virginia L. Koch

Name of Agent

1643 Stone Glen Drive

Mailing Address

Lancaster

City

Ohio

State

43130-8067

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.

Emily J. Williams

Signature

State President

By (if applicable)

Emily J. Williams

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name