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|------------|--------------|---------------------------------------------|--------|-------|---------|------|------|
| 06/20/2014 | 201417101053 | CERTIFICATE OF CONTINUED EXISTENCE<br>(CCE) | 25.00  | 0.00  | 0.00    | 0.00 | 0.00 |

**Receipt**

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

CHAGRIN VALLEY LITTLE THEATER  
STEVEN E PATTON  
23 BELL STREET  
CHAGRIN FALLS, OH 44022

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

186716

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

**CHAGRIN VALLEY LITTLE THEATRE**

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

Document(s)

**CERTIFICATE OF CONTINUED EXISTENCE**

Effective Date: 06/20/2014

Document No(s):

**201417101053**



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 June, 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](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto: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 Chagrin Valley Little Theatre

 Charter or License Number 186716
**Complete the information in this section if box (1) is checked**

 Location of Principal Office Village of Chagrin Falls

City

Cuyahoga

County

Date of Incorporation

1/18/1944

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  
CityOhio

State

  
Zip Code

**All Corporations must complete this section**

## Current Statutory Agent's Name and Address

Steven E. Patton

Name of Agent

23 Bell Street

Mailing Address

Chagrin Falls

City

Ohio

State

44022

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.

*Thomas E. Neff, President*

Signature

Thomas Neff

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name