DOC ID ----> 201427201070

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/29/2014	201427201070	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00	0.00

Receipt

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

JOSEPH G. NELSON
209 CHASE AVENUE
GAMBIER, OH 43022

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
206668

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

KENYON COLLEGE

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

Document(s)	Document No(s):
CERTIFICATE OF CONTINUED EXISTENCE	**201427201070**
Effective Date: 09/26/2014	

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 29th day of September, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201427201070

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) [X] 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: Kenyon College

Charter or License Number: 206668

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

Location of Principal Office: 209 Chase Avenue (City) Knox (County)

Date of Incorporation: 12/29/1824 (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)

2014 SEP 26 AM 11:32

DOC ID ----> 201427201070

All Corporations must complete this section

Current Statutory Agent's Name and Address

Joseph G. Nelson
Name of Agent

209 Chase Avenue
Mailing Address

Gambier | Ohio | 43022
City | State | 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

By (if applicable)

Joseph G. Nelson
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name