



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/15/2014	201428800910	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.

METZ, BAILEY & MCLOUGHLIN
JENNIE DAPORE
33 E. SCHROCK RD
WESTERVILLE, OH 43081

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
121494

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE ALUMNI COUNCIL OF THE COUNTRY CLUB OF OTTERBEIN COLLEGE

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

Document(s)

CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 10/14/2014

Document No(s):

201428800910



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
15th day of October, 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

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 Alumni Council of The Country Club of Otterbein College

 Charter or License Number 121494

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

 Location of Principal Office Westerville

City

Franklin

County

 Date of Incorporation 5/13/1925

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

 RECEIVED
 SECRETARY OF STATE
 2014 OCT 14 PM 1:36
 CLIENT SERVICE DIVISION

All Corporations must complete this section

Current Statutory Agent's Name and Address

William J. McLoughlin

Name of Agent

33 E. Schrock Rd.

Mailing Address

Westerville

City

Ohio

State

43081

Zip Code

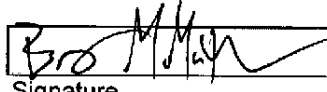
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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)

Brady Mathews

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name