



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/19/2015	201513900852	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

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

**TOLEDO MUSEUM OF ART
2445 MONROE ST
PO BOX 1013
TOLEDO, OH, 43697**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted
15957**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
THE TOLEDO MUSEUM OF ART
and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**Effective Date: 05/19/2015**

Document No(s):

201513900852

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 19th day of May, A.D. 2015.

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: 5/19/2015

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

Charter or License Number

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

Location of Principal Office

City

County

Date of Incorporation

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

BRIAN KENNEDY

Name of Agent

P.O. BOX 1013

Mailing Address

TOLEDO

City

OH

State

43697

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.

CAROL J BINTZ

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name