DOC ID ----> 202206703612

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/09/2022	202206703612	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	0.00	0.00	0.00

Receipt

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

KENYON COLLEGE
ATTN: TODD BURSON
209 CHASE AVENUE
GAMBIER, OH 43022

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

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):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**202206703612**
Effective Date: 03/08/2022	

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 9th day of March, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202206703612

Form 522 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

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

2022 MAR -8 AM 11:34

Statement of Continued Existence
Filing Fee: $25
Form Must Be Typed

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: 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)

Address of Principal Office: (Mailing Address)

(City) (State) (Zip Code)

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All Corporations must complete this section

Current Statutory Agent's Name and Address

OSAC, INC.
Name of Agent

100 S. THIRD ST
Mailing Address

COLUMBUS	Ohio	43215
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)

Todd E. Burson
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name