



| DATE       | DOCUMENT ID  | DESCRIPTION                                          | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|------------------------------------------------------|--------|-------|---------|------|------|
| 05/08/2023 | 202312801438 | NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE) | 25.00  | 0     |         |      | 0    |

**Receipt**

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

**THE LOUISE TAFT SEMPLE FOUNDATION  
ATTN: RONALD C. CHRISTIAN  
425 WALNUT STREET, SUITE  
CINCINNATI, OH, 45202**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose  
183247**

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

**THE LOUISE TAFT SEMPLE FOUNDATION**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 05/08/2023**

Document No(s):

**202312801438**



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 8th day of May, A.D. 2023.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 5/8/2023



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)**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 THE LOUISE TAFT SEMPLE FOUNDATION

Charter or License Number 183247

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

Location of Principal Office CINCINNATI

City

HAMILTON

County

Date of Incorporation

12/22/1941

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

**All Corporations must complete this section**

Current Statutory Agent's Name and Address

TAFT SERVICE SOLUTIONS CORP

Name of Agent

425 WALNUT STREET

Mailing Address

CINCINNATI

City

OH

State

45202

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.

DUDLEY S TAFT

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name