



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/13/2023	202325503856	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.

CT CORPORATION SYSTEM
ATTN: DAVE THOMAS
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4237529

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

CROSSCOUNTRY MORTGAGE FOUNDATION

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

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 09/12/2023

Document No(s):

202325503856



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
13th day of September, A.D. 2023.

Ohio Secretary of State

Form 522 Prescribed by:



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

2023 SEP 12 PM 1:08

For screen readers, follow instructions located at this path.

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-CCE)
 (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

Address of Principal Office

Mailing Address

City

State

Zip Code

All Corporations must complete this section**Current Statutory Agent's Name and Address**

B. & MCD., Inc.

Name of Agent

388 S. Main Street, Suite 500

Mailing Address

Akron

City

Ohio

State

44311

Zip Code

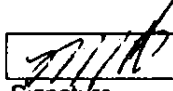
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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

Director

By (if applicable)

Ronald J. Leonhardt, Jr.

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name