DOC ID ----> 202333902530

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| 12/05/2023 | 202333902530 | NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE) | 25.00 | | | | 0 |

**Receipt**

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

**KATZ TELLER BRANT HILD**
**255 E FIFTH STREET SUITE 2400**
**CINCINNATI, OH, 45202**

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Frank LaRose

**1830108**

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

**JAMES C. AND DELROSE M. EIGEL FAMILY FOUNDATION**

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

| Document(s) | Document No(s): |
|---|---|
| **NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE** | **202333902530** |

**Effective Date: 12/05/2023**

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 5th day of December, A.D. 2023.

**Ohio Secretary of State**

DOC ID ----> 202333902530

Form 522 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 12/5/2023

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: 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: JAMES C. AND DELROSE M. EIGEL FAMILY FOUNDATION

Charter or License Number: 1830108

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

Location of Principal Office: CINCINNATI (City) HAMILTON (County)

Date of Incorporation: 01/15/2009 (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

CORPORATE STATUTORY SERVICES, INC.
Name of Agent

255 E FIFTH ST STE 2400
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.

JAMES C. EIGEL
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name