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|------------|--------------|------------------------------------------------------|--------|-------|---------|------|------|
| 12/31/2024 | 202436600692 | NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE) | 25.00  |       |         |      | 0    |

**Receipt**

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

**WALDHEGER COYNE CO. L.P.A.**  
**1991 CROCKER RD STE 550**  
**WESTLAKE, OH, 44145**

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**444157**

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

**LORAIN COUNTY COMMUNITY COLLEGE FOUNDATION**

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

Document(s)

**NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**

**Effective Date: 12/31/2024**

Document No(s):

**202436600692**



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 31st day of December, A.D.  
2024.

**Ohio Secretary of State**

Form 522 Prescribed by:

Date Electronically Filed: 12/31/2024



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 LORAIN COUNTY COMMUNITY COLLEGE FOUNDATION

Charter or License Number 444157

**Complete the information in this section if box (1) is checked**Location of Principal Office ELYRIA  
CityLORAIN  
CountyDate of Incorporation 09/14/1973  
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

TRACY GREEN

Name of Agent

1005 N. ABBE ROAD

Mailing Address

ELYRIA

City

OH

State

44035

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.

LORAIN COUNTY COMMUNITY COLLEGE FOUNDATION

Signature

TRACY GREEN

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name