DOC ID ----> 202620804974

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/28/2026	202620804974	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.

JOHN CARROLL UNIVERSITY
ATTN: COLLEEEN TREML
1 JOHN CARROLL BLVD.
UNIVERSITY HEIGHTS, OH 44118

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

7849

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

JOHN CARROLL UNIVERSITY

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

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE	**202620804974**
Effective Date: 07/27/2026	

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 28th day of July, A.D. 2026.

Ohio Secretary of State

DOC ID ----> 202620804974

Frank LaRose
Ohio Secretary of State

For screen readers, follow instructions located at this path.

INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 788
Columbus, OH 43216

OR

Expedite Service:
P.O. Box 1390
Columbus, OH 43216

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

2026 JUL 27 PM 12:20

CHECK ONLY ONE (1) Box

(1) ☒ Statement of Continued Existence (163-CCE) (Domestic Nonprofit Corporation)

(2) ☐ Verification of Foreign Nonprofit (163-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: John Carroll University

Charter or License Number: 7849

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

Location of Principal Office: University Heights (City) Cuyahoga (County)

Date of Incorporation: 12/29/1890 (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

Colleen Treml
Name of Agent

1 John Carroll Blvd.
Agent Address (P.O. Boxes and CMRAs are **NOT** allowed. See Instructions for details.)

University Heights	Ohio	44118
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.

Colleen Treml
Signature

By (if applicable)

Colleen Treml
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name