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## Filing Form Cover Letter

**Please return the approval certificate to:**

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



**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

[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-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

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

Location of Office NOT in Ohio

Mailing Address

City

State

Zip Code

Location of Office IN Ohio

Mailing Address

City

State

Zip Code

**All Corporations must complete this section**

Current Statutory Agent's Name and Address

Name of Agent

Mailing Address

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Instructions for Statement of Continued Existence

This form should be used by a nonprofit corporation (domestic or foreign) to verify its continued existence in Ohio. This form must be submitted every 5 years if no other filing has been submitted. Please check box (1) or box (2) to state whether the nonprofit corporation is a domestic or foreign corporation.

By submitting this form, the corporation agrees to the statement at the top of the form which states the corporation is still actively engaged in exercising its corporation privileges.

## Corporation Information

Pursuant to Ohio Revised Code §§1702.59 and 1703.27, please provide the name of the corporation and the charter or license number assigned to the corporation in Ohio.

## Domestic (Ohio) Corporation Information

If the corporation submitting the form is a domestic (Ohio) corporation, please provide the location of the principal office, specifically the city and county where the principal office is located. Also, please provide the date of incorporation.

## Foreign (Non-Ohio) Corporation Information

If the corporation submitting the form is a foreign (Non-Ohio) corporation, please provide: (1) the date of qualification in Ohio; (2) the jurisdiction of formation; (3) the location of the principal office in Ohio; and (4) the location of the principal office outside of Ohio.

## Statutory Agent

Please provide the name and address of the current statutory agent. This information may be verified on our website at [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)

If the current statutory agent's name or address is incorrect, then please submit a Statutory Agent Update form (Form 521), to correct the corporate record. Note: this form may not be used to appoint a new statutory agent.

## Signature

After completing all information on the filing form, please make sure that page 2 is signed by a director, officer or three members in good standing.

**\*\*Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**