

DATE: 01/10/2013 DOCUMENT ID 201300901031

DESCRIPTION DISSOLUTION (DIS)

FILING

EXPED

PENALTY

CERT

COPY .00

Receipt

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

ROBERT WAYNE 241 SOUTHVIEW ROAD DAYTON, OH 45419

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

CN11964

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

### RICHARD MONTGOMERY ENDOWMENT CORPORATION

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

Document(s):

DISSOLUTION

Document No(s):

201300901031



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 7th day of January, A.D.

Ohio Secretary of State



Form 560 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910 Toll Free: (877) SOS-FILE (767-3453) www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

# **Certificate of Dissolution**

(Nonprofit, Domestic Corporation)
Filing Fee: \$50
(139-DISM (Members) & 175-DIST (Directors))

Complete the following in	formation.			
The corporation named I	pelow has adopted	a resolution of	dissolution.	
Name of Corporation	RICHARD MONTG	OMERY ENDOV	VMENT CORPORATION	
Charter Number	CN11964		2013 JASS	
Location of Principal Off	ice in Ohio		· · · · · · · · · · · · · · · · · · ·	ــــــــــــــــــــــــــــــــــــــ
DAYTON		МОМ	GOMERY	Ohio
City		Count	<b>y</b>	State N. State
Names and addresses	of the directors.		¥ .	
ROBERT W. MAYNE			241 SOUTHVIEW ROAD DAYTON, OH 4541	9
Name			Address	
BUDDY J. KLINE			487 FLAMINGO LANE ELLENTON, FL 3422	2
Name			Address	
WILLIAM C. ELLERI	MAN		840 KING HARRY PL MIAMISBURG, OH 45	342
Name			Address	

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ROBERT W. MAYN		241 SOUTHVIEW ROAD DAYTON, C	OH 45419
Name		Address	
BUDDY J. KLINE		487 FLAMINGO LANE ELLENTON, F	L 34222
Name		Address	
WILLIAM C. ELLEF	ΜΔΝ	840 KING HARRY PL. MIAMISBURG	6, OH 45342
Name	:	Address	
ame and address of	the Statutory Agent.		ند'
ADRIAN ROSE			
Name			•
104 CUSHWA D	RIVE		
Address			
CENTERVILLE		Ohio 45459	
City		State Zip Code	
Please complete this	section if the corporation is appo	POINTMENT	
Please complete this Fhe Undersigned,		POINTMENT	d herein as the
The Undersigned,	ACCEPTANCE OF AP  ADRIAN ROSE  Statutory Agent Name  RICHARD MONTGOMERY ENDO  Corporation Name	,named	d herein as the
The Undersigned,	ACCEPTANCE OF AP  ADRIAN ROSE  Statutory Agent Name  RICHARD MONTGOMERY ENDO  Corporation Name	POINTMENT ,named	I herein as the
The Undersigned,  Statutory agent for,  nereby acknowledges	ACCEPTANCE OF AP  ADRIAN ROSE  Statutory Agent Name  RICHARD MONTGOMERY ENDO  Corporation Name  and accepts the appointment of statutory agent appointment of statutory agent accepts the appointment accepts the acceptance accepts the acceptance acc	,named	I herein as the
The Undersigned,	ACCEPTANCE OF AP  ADRIAN ROSE Statutory Agent Name  RICHARD MONTGOMERY ENDO Corporation Name and accepts the appointment of sature	named  OWMENT CORPORATION  statutory agent for said corporation.	d herein as the
The Undersigned,  Statutory agent for,  nereby acknowledges	ACCEPTANCE OF AP  ADRIAN ROSE Statutory Agent Name  RICHARD MONTGOMERY ENDO Corporation Name and accepts the appointment of sature	named  OWMENT CORPORATION  statutory agent for said corporation.	I herein as the
The Undersigned,  Statutory agent for,  nereby acknowledges  Statutory Agent Signa	ACCEPTANCE OF AP  ADRIAN ROSE Statutory Agent Name  RICHARD MONTGOMERY ENDO  Corporation Name and accepts the appointment of sature  Individual Agent's Signature/S	named  OWMENT CORPORATION  statutory agent for said corporation.	]
The Undersigned,  Statutory agent for,  nereby acknowledges  Statutory Agent Signa	ACCEPTANCE OF AP  ADRIAN ROSE Statutory Agent Name  RICHARD MONTGOMERY ENDO  Corporation Name and accepts the appointment of sature  Individual Agent's Signature/S	named pointment, named powdent corporation.	]
The Undersigned,  Statutory agent for,  nereby acknowledges  Statutory Agent Signal  If the agent is	ACCEPTANCE OF AP  ADRIAN ROSE Statutory Agent Name  RICHARD MONTGOMERY ENDO Corporation Name and accepts the appointment of stature Individual Agent's Signature/S an individual using a P.O. Box,	named pointment, named powdent corporation.	is an Ohio resident.

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Check	the appropriate box and provide informat	
<u> </u>	The resolution of dissolution was adopted by 1702.47(C), directors may adopt a resolution statement of the basis for the adoption.	y the <b>Directors</b> . Pursuant to Ohio Revised Code section n in the following cases, please check the box to state the proper
	the creditors:	d bankrupt or has made a general assignment for the benefit of
	By leave of the court, when a receiver ha which the affairs of the corporation are to	s been appointed in a general creditor's suit or in any suit in be wound up;
	C When substantially all of the assets have	been sold at judicial sale or otherwise; or
	C When the period of existence of the corp	oration specified in its articles has expired.
၉	The resolution of dissolution was adopted b 1702.47(D).	by the <b>Members</b> pursuant to Ohio Revised Code section
By sign	ging and submitting this form to the Ohio Secretar	ry of State, the undersigned hereby certifies that he or she has the
	te authority to execute this document.	•
	•	
Requi		52/01/7
	e signed by an authorized officer, unless the fails to execute and file the certificate within	Robert W. Mayre
30 day	s after the adoption of the resolution, or upon	Signature
any da	ite specified in the resolution as the date	
expirat	which the certificate is to be filed, or upon the tion of any period specified in the resolution	By (if applicable)
as the	period within which the certificate is to be filed,	-, (,,,,,,,,,
	ever is latest, in which event the certificate of ution may be signed by any three voting	ROBERT W. MAYNE
memb persor and ar	ers and shall set forth a statement that the ns signing the certificate are voting members re filing the certificate because of the failure	Print Name
of the	officers to do so.	
		Signature
	orized representative is an individual, ney must sign in the "signature"	
box ar	nd print their name in the "Print Name" box.	
1		By (if applicable)
	orized representative is a business entity, individual, then please print the business	
name	in the "signature" box, an authorized	Print Name
	sentative of the business entity must sign "By" box and print their name in the	T THE COURT
	Name" box.	
		Signature
		By (if applicable)
1		

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Print Name

Complete th	e information	in this	section.
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#### **AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities for a Nonprofit Corporation, (ORC section 1702.47(G)(3)).

## RICHARD MONTGOMERY ENDOWMENT CORPORATION

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1702.47 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	12/31/2012	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	
	÷ .	Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413

Note: This affidavit must be signed by a person executing the certificate of dissolution or by an officer of the corporation.

Signature Foliable, Mayor	Title PRESIDENT
ROBERT W. MAYNE	Ÿ
Name	
241 SOUTHVIEW ROAD	
Mailing Address	
DAYTON	OH 45419
City	State Zip Code
Acknowledged before me and subscribed in my presence on Notary Public	12/31/2012  Date  Commission Expires  2/26/2013  Date

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Complete the information in this section.

### **AFFIDAVIT OF PERSONAL PROPERTY**

State of OHIO
County of MONTGOMERY SS:
ROBERT W. MAYNE  Name of Officer  , being first duly sworn, deposes and says that she/he is
PRESIDENT of RICHARD MONTGOMERY ENDOWMENT CORTILIE of Officer Name of Corporation
and this affidavit is made in compliance with section 1702.47(D) of the Ohio Revised Code.
That said corporation has: (Check one (1) of the following)
☐A. No personal property in any county in the State of Ohio
☑B. Personal property in the following county(ies)
MONTGOMERY
and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.
☐C. corporation is of the type required to pay personal property taxes to state authorities only
The conference of the conference by become broken's made a conference only
Signature: Robert Wilnayne Title: PRESIDENT
Acknowledged before me and subscribed in my presence on  Date 12/31/2012  Notary Public
1787 Carling Control of the Control
Expiration date of Notary Public's Commission Date 2/26/2013

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