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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

The Hotchkiss School

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA*

1 The Hotchkiss School, Incorporated

(Name of corporation, must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2 Connecticut 3 06-0617018
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4 3/5/1905 5 _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6 _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502 F.S. to determine penalty liability.)

7 11 Interlaken Road, Lakeville, CT 06039
(Principal office street address)

(Current mailing address, if different)

8 Independent school in Connecticut, employees working remotely from Florida
(Purposes) of corporation authorized in home state or country to be carried out in the state of Florida

9 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip Code)

10 Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By _____

(Registered agent's signature)

11 Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Sandra J. Lynch
☐ Vice Chairman Address: 11 Interlaken Road
☐ Director Lakeville, CT 06039
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other CFO _____ ☐ Other _____

☐ Chairman Name: Robert Gould
☐ Vice Chairman Address: 11 Interlaken Road
☐ Director Lakeville, CT 06039
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other Co-Chair of the Board _____ ☐ Other _____

☐ Chairman Name: Robert Gould
☐ Vice Chairman Address: 11 Interlaken Road
☐ Director Lakeville, CT 06039
☐ President Co-President of the Board
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Elizabeth Hines
☐ Vice Chairman Address: 11 Interlaken Road
☐ Director Lakeville, CT 06039
☐ President Co-President of the Board
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be merged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Sandra J. Lynch, CFO

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sandra J. Lynch, CFO

(Typed or printed name and capacity of person signing application)

Office
of the Secretary

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO
HEREBY CERTIFY, that

THE HOTCHKISS SCHOOL

is a specially chartered Connecticut corporation by virtue of a Special Act of the General
Assembly approved on June 14, 1893.

A Special Act of the General Assembly changing the name from THE MARIA H.
HOTCHKISS SCHOOL ASSOCIATION to THE HOTCHKISS SCHOOL was approved
on June 22, 1927.

A certificate of dissolution has not been filed. Insofar as indicated by the records of this
office, such corporation is in existence.



Secretary of the State

Date Issued: April 27, 2023

/s/