

STATE OF CALIFORNIA

CORPORATION

Office of the Secretary of State

STATEMENT OF INFORMATION



For Office Use Only



File No.: BA20250318998

| CALIFORNIA | 1500 11th | to, California 95814 | | | File No.: BA2(Date Filed: 2/ | | |
|---|-------------------|--|--|----------------|----------------------------------|-----------------|--|
| Entity Details Corporation Name Entity No. Formed In | | The Conley Ketigian Foundation 6581662 DELAWARE | | | | | |
| Street Address of Princip Principal Address | Corporation | 2006 N. SEPULVEDA BLVD SUITE 190 MANHATTAN BEACH, CA 90266 | | | | | |
| Mailing Address of Corpo Mailing Address Attention | oration | | 2006 N. SEPULVEDA BLVD SUITE 190 MANHATTAN BEACH, CA 90266 | | | | |
| Street Address of Californ Street Address of | - | 2006 N. SEPULVEDA BLVD SUITE 190 MANHATTAN BEACH, CA 90266 | | | | | |
| Officers | | | | | | | |
| Officer Name | | Officer Address | | Position(s) | | | |
| + Caroline Ketiç | SU | 06 N SEPULVEDA BLVD JITE 190 ANHATTAN BEACH, CA 90266 | Chief Executive Officer, Chief Financial Officer, Secretary | | | | |
| Additional Officers | | | | | | | |
| Officer Nam | ie. | Officer Address | | Positi | | Stated Position | |
| George Ketigian | | 2006 N SEPULVEDA BLVD SUITE 190 MANHATTAN BEACH, CA 9026 | 6 | Chairperson of | | | |
| Directors | | | | | | | |
| | Direc | tor Name | Director Address | | | | |
| | | None | Entered | | | | |
| The number of vac | cancies or | n Board of Directors is: 0 | | | | | |
| Agent for Service of Proc California Register | rate Agent (1505) | REGISTERED AGENTS INC Registered Corporate 1505 Agent | | | | | |
| Type of Business Type of Business | | Non-Profit | | | | | |
| Email Notifications Opt-in Email Notifi | | Yes, I opt-in to receive entity notifications via email. | | | | | |
| Labor Judgment | | | | | | | |

| No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code. | | | | | | |
|---|------------|--|--|--|--|--|
| Electronic Signature | | | | | | |
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | | |
| Caroline Ketigian | 02/13/2025 | | | | | |
| Signature | Date | | | | | |
| | | | | | | |