

State of Indiana
Office of the Secretary of State

Certified Copies

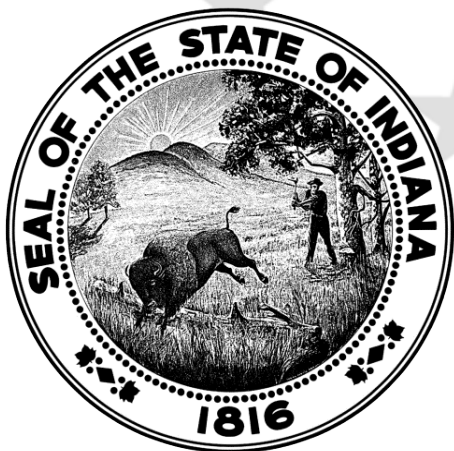
To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 5 page document consisting of the following records filed in this office:

Certification Date: November 29, 2021
Business Name: INDIANA COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION CORPORATION
Business ID: 2015071700321

Transaction	Date Filed	No. of pages
Articles of Incorporation	07/17/2015	2
Articles of Amendment	03/05/2020	3
Total No. of pages		5



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 29, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

2015071700321 / 14237950

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>
Expires on December 29, 2021.

**State of Indiana
Office of the Secretary of State**

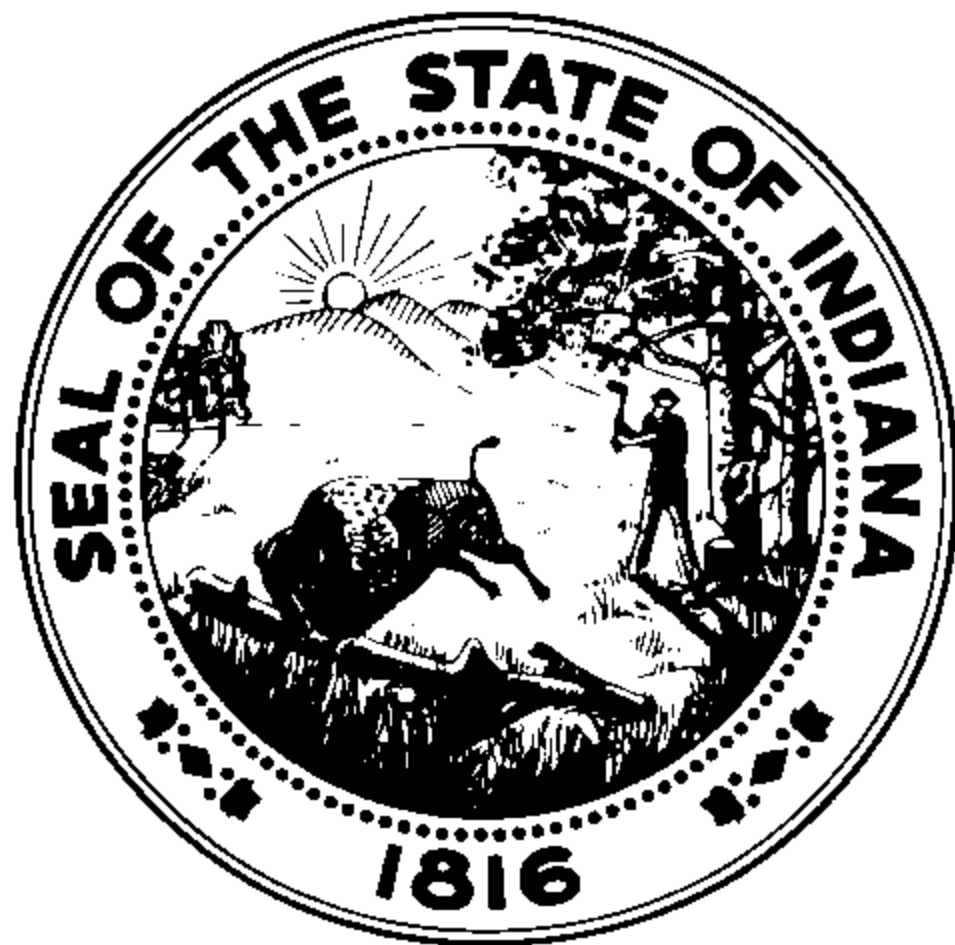
**CERTIFICATE OF INCORPORATION
of**

INDIANA COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION CORPORATION

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above Non-Profit Domestic Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, July 17, 2015.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 17, 2015



Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

2015071700321 / 2015071700321

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
7/17/2015 12:11 PM

ARTICLES OF INCORPORATION

Formed pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991.

ARTICLE I - NAME AND PRINCIPAL OFFICE

INDIANA COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION CORPORATION

ARTICLE II - REGISTERED OFFICE AND AGENT

ANN NINNESS
3125 DANDY TRAIL, SUITE 110, INDIANAPOLIS, IN 46214

The Signator represents that the registered agent named in the application has consented to the appointment of registered agent.

ARTICLE III – INCORPORATORS

ANN NINNESS
3125 DANDY TRAIL, SUITE 110, INDIANAPOLIS, IN 46214
Signature: ANN NINNESS

ARTICLE IV – GENERAL INFORMATION

Effective Date: 7/17/2015
Type of Corporation: Mutual Benefit Corporation (all others)
Does the corporation have members?: Yes

The purposes/nature of business

TO PROMOTE PROFESSIONAL LEADERSHIP, PROVIDE OPPORTUNITY TO STUDY ISSUES COMMON TO MEMBERS, COMMUNICATE THROUGH WORKSHOPS, CONFERENCES AND PUBLICATIONS IN ORDER TO PROVIDE QUALITY PROGRAMS AND SERVICES FOR CHILDREN AND YOUTH.

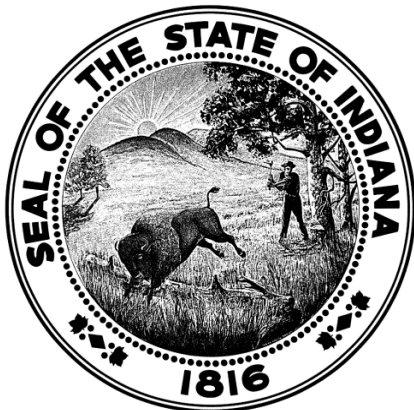
Distribution of assets on dissolution or final liquidation

UPON DISSOLUTION OF ICASE, THE EXECUTIVE BOARD SHALL, AFTER PAYING OR MAKING PROVISION OF THE PAYMENT OF ALL LIABILITIES, DISPOSE OF ALL THE ASSETS EXCLUSIVELY FOR THE PURPOSE OF ICASE IN SUCH MANNER, OR TO SUCH ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO SERVE THE NEEDS OF EXCEPTIONAL CHILDREN. UNDER NO CIRCUMSTANCES SHALL ANY OF THE PROPERTY OR ASSETS BE DISTRIBUTED TO ANY OFFICER, MEMBER, EMPLOYEE, OR SUBSIDIARY OF ICASE.

State of Indiana
Office of the Secretary of State
Certificate of Amendment
of
**INDIANA COUNCIL OF ADMINISTRATORS OF SPECIAL
EDUCATION CORPORATION**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Nonprofit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, March 04, 2020.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 05, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015071700321 / 8540409

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 2015071700321
BUSINESS TYPE Domestic Nonprofit Corporation
BUSINESS NAME INDIANA COUNCIL OF ADMINISTRATORS OF SPECIAL EDUCATION CORPORATION
PRINCIPAL OFFICE ADDRESS 125 W. Market Street, Suite 300, Indianapolis, IN, 46204, USA
DATE AMENDMENT WAS ADOPTED 03/04/2020

EFFECTIVE DATE

EFFECTIVE DATE 03/04/2020
EFFECTIVE TIME 05:10PM

ARTICLE I - PRINCIPAL OFFICE ADDRESS

DATE OF ADOPTION 03/04/2020
PRINCIPAL OFFICE ADDRESS 125 W. Market Street, Suite 300, Indianapolis, IN, 46204, USA

ARTICLE I - CURRENT REGISTERED AGENT

DATE OF ADOPTION 03/04/2020
REGISTERED AGENT TYPE Business
NAME THE CORYDON GROUP, LLC
ADDRESS 125 WEST MARKET, STE 300, INDIANAPOLIS, IN, 46204, USA
SERVICE OF PROCESS EMAIL

ARTICLE I - PRINCIPAL INFORMATION

DATE OF ADOPTION	03/04/2020
TITLE	Treasurer
NAME	Allison Woods
ADDRESS	MSD WARREN TOWNSHIP, 975 North Post, Indianapolis, IN, 46219, USA
TITLE	Executive Director
NAME	Kim Williams
ADDRESS	125 W. Market Street, Suite 300, Indianapolis, IN, 46204, USA

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT AND THE VOTE BY WHICH THEY WERE ADOPTED CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, THE ARTICLES OF INCORPORATION, AND THE BYLAWS OF THE CORPORATION.

THE UNDERSIGNED OFFICER OF THIS NONPROFIT CORPORATION EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA NONPROFIT CORPORATION ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **March 4, 2020**.

SIGNATURE	Kimberly S Williams
TITLE	Executive Director

Business ID : 2015071700321
Filing No. : 8540409