

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 818259 (4)**  
1. Corporation Name  
**MARIST BROTHERS OF THE SCHOOLS, INC.**



Principal Place of Business: **1241 KENNEDY BLVD. BAYONNE NJ 07002-9298**  
Mailing Address: **1241 KENNEDY BLVD. BAYONNE NJ 07002-9298**

3. Date Incorporated or Qualified: **10/21/1964**  
3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **11-6015340**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**RUTH, BERNARD  
3000 SOUTHWEST 87TH AVENUE  
MIAMI FL 33185**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, JOHN</b>	
STREET ADDRESS	<b>28 IRVINE TURNER BLVD.</b>	
CITY - ST - ZIP	<b>NEWARK NJ</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PASI, RAYMOND</b>	
STREET ADDRESS	<b>3265 VIRGINIA STREET, 16</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMMON, HENRY</b>	
STREET ADDRESS	<b>1253 SHAKESPEARE AVENUE</b>	
CITY - ST - ZIP	<b>BRONX NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHLITTE, STEPHEN</b>	
STREET ADDRESS	<b>28 IRVINE TURNER BLVD</b>	
CITY - ST - ZIP	<b>NEWARK NJ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANDIBODE, KEVIN</b>	
STREET ADDRESS	<b>2 WOODLAND ROAD</b>	
CITY - ST - ZIP	<b>MAPLEWOOD NJ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOBALBO, BENEDICT</b>	
STREET ADDRESS	<b>ONE RARITAN RD</b>	
CITY - ST - ZIP	<b>ROSELLE NJ</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V</b>
2.3 STREET ADDRESS	<b>Shea, Leo</b>
2.4 CITY - ST - ZIP	<b>153 Avenue C Bayonne, NJ 07002</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>McDonnell, John</b>
5.4 CITY - ST - ZIP	<b>614 Summer Avenue Newark, NJ 07104</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>Clark, Robert</b>
6.4 CITY - ST - ZIP	<b>614 Summer Avenue Newark, NJ 07104</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Henry Sammon (HENRY SAMMON)** **7/12/96** **201-523-1116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)