

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 818259 (4)**  
1. Corporation Name  
**MARIST BROTHERS OF THE SCHOOLS, INC.**



Principal Place of Business <b>1241 KENNEDY BLVD. BAYONNE NJ 07002-9296</b>	Mailing Address <b>1241 KENNEDY BLVD. BAYONNE NJ 07002-9296</b>
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3. Date Incorporated or Qualified <b>10/21/1964</b>	
4. FEI Number <b>11-6015340</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**RUTH, BERNARD  
3000 SOUTHWEST 87TH AVENUE  
MIAMI FL 33165**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating)

**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 type="checkbox"/> DELETE
NAME	<b>SHEA, LEO</b>
STREET ADDRESS	<b>153 AVE C</b>
CITY-ST-ZIP	<b>BAYONNE NJ</b>
TITLE	<b>ST</b> <input checked="" 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 type="checkbox"/> DELETE
NAME	<b>MCDONNELL, JOHN</b>
STREET ADDRESS	<b>614 SUMMER AVE</b>
CITY-ST-ZIP	<b>NEWARK NJ</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, ROBERT</b>
STREET ADDRESS	<b>614 SUMMER AVE</b>
CITY-ST-ZIP	<b>NEWARK 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ST JOSEPH SACINO</b>
3.3 STREET ADDRESS	<b>156 EAST 38th STREET</b>
3.4 CITY-ST-ZIP	<b>NEW YORK, NEW YORK 10016</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John W. Klein* **REQUIRED** 2/25/98 (201) 823-1115

CR2E037 (10/97)