


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90102 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 818259

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
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 10/21/1964	4. FEI Number 11-6015340	Applied For... Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 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 *Bernard Ruth* **BERNARD RUTH** 2-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, JOHN	1.2 NAME	
STREET ADDRESS	28 IRVINE TURNER BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, LEO	2.2 NAME	
STREET ADDRESS	153 AVE C	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONNE NJ	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACINO, JOSEPH	3.2 NAME	
STREET ADDRESS	156 EAST 38TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLITTE, STEPHEN	4.2 NAME	
STREET ADDRESS	28 IRVINE TURNER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, JOHN	5.2 NAME	
STREET ADDRESS	614 SUMMER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROBERT	6.2 NAME	
STREET ADDRESS	614 SUMMER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	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, with all other like empowered.

SIGNATURE: *Joseph Sacino* **JOSEPH SACINO** 2/11/99 201-823-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #