2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # F05000007541

1. Entity Name
ATLANTIC-MIDWEST PROVINCE OF THE SCHOOL SISTERS OF NOTRE DAME, INC.

Principal Place of Business	Mailing Address
6401 N CHARLES ST BALTIMORE, MD 21212-1016	6401 N CHARLES ST BALTIMORE, MD 21212-1016

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05222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3875448
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAHER, MARY
STREET ADDRESS	6401 N CHARLES ST
CITY-ST-ZIP	BALTIMORE, MD 212121016
TITLE	SD
NAME	CORNELL, KATHLEEN
STREET ADDRESS	6401 N CHARLES ST
CITY-ST-ZIP	BALTIMORE, MD 212121016
TITLE	D
NAME	JUSKELIS, MARGARET A
STREET ADDRESS	6401 N CHARLES ST
CITY-ST-ZIP	BALTIMORE, MD 212121016
TITLE	T
NAME	MULLER, VIRGINIA
STREET ADDRESS	6401 N CHARLES ST
CITY-ST-ZIP	BALTIMORE, MD 212121016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/01/07-80007-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Virginia Muller Treas. 5/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. VIRGINIA MULLER TREAS Date Daytime Phone #