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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001983 (6)
 1. Corporation Name
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, I NC.



Principal Place of Business 4223 CENTER STREET OMAHA NE 68105	Mailing Address 4223 CENTER STREET OMAHA NE 68105
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3. Date Incorporated or Qualified 04/27/1993		
4. FEI Number 47-0400508	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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	CT	<input type="checkbox"/> DELETE
NAME	CURTISS, ELDEN FRANCIS	
STREET ADDRESS	100 N. 62ND STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CONNOLLY, THOMAS J	
STREET ADDRESS	911 SE ARMOUR	
CITY-ST-ZIP	BEND OR	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GERBER, EUGENE J	
STREET ADDRESS	424 N. BROADWAY	
CITY-ST-ZIP	WICHITA KS	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KELEHER, JAMES P.	
STREET ADDRESS	12615 PARALLEL	
CITY-ST-ZIP	KANSAS CITY KS	
TITLE	PCET	<input type="checkbox"/> DELETE
NAME	RUTH, DONALD E	
STREET ADDRESS	4223 CENTER STREET	
CITY-ST-ZIP	OMAHA NE	
TITLE	VSAT	<input type="checkbox"/> DELETE
NAME	BEVERIDGE, JOSEPH T	
STREET ADDRESS	4223 CENTER STREET	
CITY-ST-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Omaha, NE 68132
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Bend, OR 97708
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Wichita, KS 67202
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Kansas City, KS 66109
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Omaha, NE 68105
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V/S/AT/COO
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Omaha, NE 68105

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: *Joseph T. Beveridge* **Joseph T. Beveridge** 4/6/98 (402) 551-8765

CR2E037 (10/97)