

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001983

1. Entity Name

THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, I

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90143 039 ****61.25

Principal Place of Business

Mailing Address

4223 CENTER STREET
 OMAHA NE 68105

4223 CENTER STREET
 OMAHA NE 68105-2431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0400508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME CT
 STREET ADDRESS CURTISS, ELDEN FRANCIS
 CITY-ST-ZIP 100 N. 62ND STREET
 OMAHA NE 68132

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VT
 STREET ADDRESS CONNOLLY, THOMAS J
 CITY-ST-ZIP 911 SE ARMOUR
 BEND OR 97708

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VT
 STREET ADDRESS GERBER, EUGENE J
 CITY-ST-ZIP 424 N. BROADWAY
 WICHITA KS 67202

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VT
 STREET ADDRESS KELEHER, JAMES P.
 CITY-ST-ZIP 12615 PARALLEL
 KANSAS CITY KS 66109

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PCET
 STREET ADDRESS RUTH, DONALD E
 CITY-ST-ZIP 4223 CENTER STREET
 OMAHA NE 68105

TITLE Change Addition
 NAME Joseh T. Beveridge
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VSTC
 STREET ADDRESS BEVERIDGE, JOSEPH T
 CITY-ST-ZIP 4223 CENTER STREET
 OMAHA NE 68105

TITLE Change Addition
 NAME Michael A. Intrieri
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: *Joseph T. Beveridge* **REQUIRED** Joseph T. Beveridge 4/11/00 (402) 551-8765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)