

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001983

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA, INC.

Current Principal Place of Business:

10843 OLD MILL ROAD
OMAHA, NE 681542600

New Principal Place of Business:

Current Mailing Address:

10843 OLD MILL ROAD
OMAHA, NE 681542600

New Mailing Address:

FEI Number: 47-0400508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CURTISS, ELDEN FRANCIS
Address: 100 N. 62ND STREET
City-St-Zip: OMAHA, NE 68132

Title: V () Delete
Name: SHEEHAN, MICHAEL J
Address: 4000 ST. JOSEPH'S PLACE, NW
City-St-Zip: ALBUQUERQUE, NM 87120

Title: T () Delete
Name: CURTISS, ELDEN F MREV
Address: 100 NORTH 62ND STREET
City-St-Zip: OMAHA, NE 68132

Title: V () Delete
Name: RICKEN, DAVID L
Address: 2121 CAPITOL AVE
City-St-Zip: CHEYENNE, WY 82001

Title: PT () Delete
Name: BEVERIDGE, JOSEPH T
Address: 10843 OLD MILL RD
City-St-Zip: OMAHA, NE 681542600

Title: T () Delete
Name: EGAN, EDWARD CARD.
Address: 1011 1ST AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: RICKEN, DAVID L
Address: 1910 S WEBSTER AVENUE
City-St-Zip: GREEN BAY, WI 543012256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. INTRIERI

VS

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date