### 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # F93000001983

1. Entity Name



Apr 22, 2003 8:00 am Secretary of State 04-22-2003 90058 037 \*\*\*\*61.25

**FILED** 

THE	<b>CATHOLIC</b>	MUTUAL	RELIEF	SOCIETY	OF	AMERICA,	١
NC.							

Principal Place of Business Mailing Address 10843 OLD MILL ROAD 10843 OLD MILL ROAD SUITE 300 SUITE 300 OMAHA NE 68154-2600 OMAHA NE 68154-2600 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 47-0400508 Applied For

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

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

Zip Code

Not Applicable

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

FILE NOW: FEE IS \$61.25	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State			
OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 10			
C	☐ Delete	TITI E		· ·	□ Change □ Δ			

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	ES TO OFFICERS AND DI	RECTORS IN	10
TITLE	C	☐ Delete	TITLE			Change	☐ Addition
NAME	CURTISS, ELDEN FRANCIS		NAME				
STREET ADDRESS	100 N. 62ND STREET		STREET ADDRESS				[
CITY-ST-ZIP	OMAHA NE 68132		CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SHEEHAN, MICHAEL J		NAME				[
STREET ADDRESS	4000 ST. JOSEPH'S PLACE, NW		STREET ADDRESS				
CITY-ST-ZIP	ALBUQUERQUE:NM:87120	magnetic and the company of	"CITY-ST-ZIP"	خ ب سدد باستمهای			
TITLE	Ť	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	CURTISS, ELDEN F MREV		NAME				
STREET ADDRESS	100 NORTH 62ND STREET		STREET ADDRESS				1
CITY-ST-ZIP	OMAHA NE 68132		CITY-ST-ZIP				
TITLE	V	☐ Delete	TITLE			Change	☐ Addition
NAME	KELEHER, JAMES P.		NAME				
STREET ADDRESS	12615 PARALLEL		STREET ADDRESS		•		
CITY-ST-ZIP	KANSAS CITY KS 66109		CITY-ST-ZIP				
TITLE	PT	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	BEVERIDGE, JOSEPH T		NAME				{
STREET ADDRESS	10843 OLD MILL ROAD, STE 300		STREET ADDRESS				ļ
CITY-ST-ZIP	OMAHA NE 68154-2600		CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE		_	☐ Change	☐ Addition
NAME	EGAN, EDWARD CARD.		NAME				ì
STREET ADDRESS	1011 1ST AVENUE		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10022		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

4/11/03

(402) 551-6540

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		į
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