I hereby 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 all other like empowered.

| SIGNATURE: FRANK J PELLEGRINO | CFO | 07/05/2023 |
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DOCUMENT# 818259

REPORT

Entity Name: MARIST BROTHERS OF THE SCHOOLS, INC.

Current Principal Place of Business:

2115 PITMAN AVENUE BRONX, NY 10466

Current Mailing Address:

2115 PITMAN AVENUE BRONX, NY 10466 US

FEI Number: 13-6078015

Name and Address of Current Registered Agent:

GROGAN, DANIEL 3000 SOUTHWEST 87TH AVENUE MIAMI, FL 33165 US Certificate of Status Desired: No

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 | E: DANIEL GROGAN | | | 07/05/2023 | |
|---------------------------|--|-----------------|-----------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | CFO, T | Title | PROVINCIAL | | |
| Name | PELLEGRINO, FRANK JOHN | Name | O'RIORDAN, DANIEL | | |
| Address | 2115 PITMAN AVENUE | Address | 70-20 JUNO STREET | | |
| City-State-Zip: | BRONX NY 10466 | City-State-Zip: | FOREST HILLS NY 11375 | | |
| Title | VICE PROVINCIAL | Title | DIRECTOR OF EDUCATION | | |
| Name | ORNSBY, OWEN | Name | SCHADY, THOMAS | | |
| Address | 70-20 JUNO STREET | Address | 70-20 JUNO STREET | | |
| City-State-Zip: | FOREST HILLS NY 11375 | City-State-Zip: | FOREST HILLS NY 11375 | | |
| Title | EVANGELIZATION | Title | D | | |
| Name | FALLON, MATT | Name | GROGAN, DANIEL | | |
| Address | BOX 242 | Address | 8230 SW 136 ST | | |
| City-State-Zip: | ESOPUS NY 12429 | City-State-Zip: | PALMETTO BAY FL 33156 | | |
| Title | DIRECTOR | | | | |
| Name | LAVALLEE, LAWRENCE | | | | |

Address 2790 SW 89TH AVENUE

City-State-Zip: MIAMI FL 33165

Electronic Signature of Signing Officer/Director Detail

Date