

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000752

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC3557895533**

**Entity Name:** COLLEGIUM AUGUSTINIANUM GRADUATE SCHOOL OF PHILOSOPHY AND THEOLOGY, INC.

**Current Principal Place of Business:**

COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
PHILADELPHIA, PA 19106

**Current Mailing Address:**

COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
PHILADELPHIA, PA 19106 US

**FEI Number: 46-0871316**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
COLLEGIUM AUGUSTINIANUM  
2816 E. ROBINSON STREET  
ORLANDO, FL 32803 US

*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

**Officer/Director Detail :**

Title CHANCELLOR AND TRUSTEE  
Name DE PAULO, CRAIG J.N. MOST REV. DR.  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title TRUSTEE, SECRETARY  
Name DE PAULO, CATHERINE C  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title RECTOR AND TRUSTEE  
Name MESSINA, PATRICK A DR.  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title CHAIRMAN OF THE BOARD, VICE CHANCELLOR AND TRUSTEE  
Name BOSWELL, WILLIAM P. ESQ.  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
City-State-Zip: PHILADELPHIA PA 19106

Title TRUSTEE  
Name CARROLL, THOMAS D. REV. DR.  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
City-State-Zip: PHILADELPHIA PA 19106

Title VICE RECTOR FOR FINANCIAL AFFAIRS  
Name HILEMAN, THOMAS R. CPA  
Address COLLEGIUM AUGUSTINIANUM AT THE ATHENAEUM  
219 S. SIXTH STREET  
City-State-Zip: PHILADELPHIA PA 19106

*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: MOST REV. DR. CRAIG J. N. DE PAULO**

**CHANCELLOR**

**02/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date