2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000003500

1. Entity Name
MARIANIST PROVINCE OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
4425 W. PINE BLVD. ST. LOUIS, MO 63108	4425 W. PINE BLVD. ST. LOUIS, MO 63108

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
03-0415363
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLODEK, STEPHEN M SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	DV
NAME	FITZ, JAMES SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	DT
NAME	DIX, RICHARD SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	O'GRADY, MICHAEL SM
STREET ADDRESS	4425 WEST PINE BLVD
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	KENNEY, TIMOTHY SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	LACKNER, JOSEPH SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108

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01/11/07-80019-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard Dix RICHARD DIX, S.M. 1/3/07 314.533.1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #