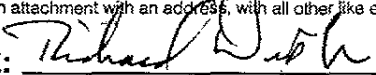


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 4425 W. PINE BLVD. ST. LOUIS, MO 63108	Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 _____		
Filing Fee is \$81.25 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	000000582122 01/11/07-80019-010 61.25 DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
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	DO NOT WRITE IN THIS SPACE
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	
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, S.M.		1/3/07 314.533.1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #