2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90025 033 ****61.25

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

01112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GLODEK, STEPHEN M SM 4425 W. PINE BLVD. ST. LOUIS, MO 63108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FITZ, JAMES SM 4425 W. PINE BLVD. ST. LOUIS, MO 63108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DIX, RICHARD SM 4425 W. PINE BLVD. ST. LOUIS, MO 63108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Markel, Joseph SM 4425 West Pine Blvd. St. Louis, MO 63108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'GRADY, MICHAEL SM 4425 WEST PINE BLVD ST. LOUIS, MO 63108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cerniglia, George SM 4425 West Pine Blvd. St. Louis, MO 63108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEY, TIMOTHY SM 4425 W. PINE BLVD. ST. LOUIS, MO 63108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brink, Edward SM 4425 West Pine Blvd. St. Louis, MO 63108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACKNER, JOSEPH SM 4425 W. PINE BLVD. ST. LOUIS, MO 63108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Joseph Markel Joseph Markel, SM 2/15/08 314-533-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #