

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003500

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

4425 W. PINE BLVD.
ST. LOUIS, MO 63108

New Principal Place of Business:

Current Mailing Address:

4425 W. PINE BLVD.
ST. LOUIS, MO 63108

New Mailing Address:

FEI Number: 03-0415363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GLODEK, STEPHEN M SM
Address: 4425 W. PINE BLVD.
City-St-Zip: ST. LOUIS, MO 63108

Title: DV () Delete
Name: FITZ, JAMES SM
Address: 4425 W. PINE BLVD.
City-St-Zip: ST. LOUIS, MO 63108

Title: DT () Delete
Name: MARKEL, JOSEPH SM
Address: 4425 WEST PINE BLVD.
City-St-Zip: SAINT LOUIS, MO 63108

Title: D () Delete
Name: CERNIGLIA, GEORGE SM
Address: 4425 WEST PINE BLVD.
City-St-Zip: SAINT LOUIS, MO 63108

Title: D () Delete
Name: BRINK, EDWARD SM
Address: 4425 WEST PINE BLVD.
City-St-Zip: SAINT LOUIS, MO 63108

Title: D () Delete
Name: LACKNER, JOSEPH SM
Address: 4425 W. PINE BLVD.
City-St-Zip: ST. LOUIS, MO 63108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH MARKEL, SM

D/T

05/01/2009

Electronic Signature of Signing Officer or Director

Date