2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# F02000003500

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

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

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

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

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

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: JOSEPH MARKEL TREA 02/18/2010

Electronic Signature of Signing Officer or Director — Date