


**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

FILED

05 APR 18 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000006026</b>					
1. Entity Name CATHOLIC MEDICAL MISSION BOARD, INC.					
Principal Place of Business 10 WEST 17TH STREET NEW YORK, NY 10011		Mailing Address 10 WEST 17TH STREET NEW YORK, NY 10011			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-5602319	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and take if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$297.50			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	C CUNNINGHAM, JAMES A 700 BROADWAY NEW YORK, NY 10003	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	100052139041 04/26/05--01058--003 **297.50	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VC SCANLON, WILLIAM J 39 EAST 83RD STREET NEW YORK, NY 10028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S EGAN, PEGGY ONE MACINTYRE DRIVE ASTON, PA 19014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEE ATTACHMENT	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T D'AGOSTINO, NICHOLAS JR 1385 BOSTON POST ROAD LARCHMONT, NY 10538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEE ATTACHMENT	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERARDI, FERDINANDO 1011 FIRST AVENUE, 17TH FLOOR NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARTHAUS, WILLIAM JAMES II 61 WILTON ROAD WESTPORT, CT 06880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEE ATTACHMENT	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert Wuillamey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date		Daytime Phone #
			2/10/05		212-242-7757



01312005 REIN-NP CR2E099 (8/04)

4/18

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