

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90136 024 ****61.25

DOCUMENT # **F02000006026**

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

Zip

Country

Zip

Country

4. FEI Number **13-5602319**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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	C	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JAMES A	
STREET ADDRESS	700 BRAODWAY	
CITY-ST-ZIP	NEW YORK NY 10003	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SCANLON, WILLIAM J	
STREET ADDRESS	39 EAST 83RD STREET	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	S	<input type="checkbox"/> Delete
NAME	EGAN, PEGGY	
STREET ADDRESS	ONE MACINTYRE DRIVE	
CITY-ST-ZIP	ASTON PA 19014	
TITLE	T	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, NICHOLAS JR	
STREET ADDRESS	1385 BOSTON POST ROAD	
CITY-ST-ZIP	LARCHMONT NY 10538	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERARDI, FERDINANDO	
STREET ADDRESS	1011 FIRST AVENUE, 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTHAUS, WILLIAM JAMES II	
STREET ADDRESS	61 WILTON ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

02/11/03 (212)242-7757

CR2E037 (10/02)