2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# F03000000114

Entity Name: ST. MARY'S EDUCATIONAL INSTITUTE AT CINCINNATI, INC.

Current Principal Place of Business:

701 E. COLUMBIA AVE.
CINCINNATI, OH 45215

New Principal Place of Business:

Current Mailing Address:

701 E. COLUMBIA AVE.
CINCINNATI, OH 45215

New Mailing Address:

FEI Number: 31-6036086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENDRICK, ANN SND
1464 FALCONCREST BLVD
APOPKA, FL 32712 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:	P	( ) Delete
Name:	KEFERL, SUSAN SND	
Address:	701 E COLUMBIA AVE	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	S	( ) Delete
Name:	KERBER, MARILYN SND	
Address:	701 E. COLUMBIA AVE.	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	T	( ) Delete
Name:	LICHTENBERG, CAROL SND	
Address:	701 E. COLUMBIA AVE.	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	V	( ) Delete
Name:	WEIND, TERESITA SND	
Address:	701 E COLUMBIA AVE	
City-St-Zip:	CINCINNATI, OH 45215	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: SISTER CAROL LICHTENBERG TREA 02/22/2007

Electronic Signature of Signing Officer or Director — Date