

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000114

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**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  
Name: LICHTENBERG, CAROL SND  
Address: 701 E COLUMBIA AVE  
City-St-Zip: CINCINNATI, OH 45215

Title: S  
Name: CLEMENS, JUDITH SND  
Address: 701 E. COLUMBIA AVE.  
City-St-Zip: CINCINNATI, OH 45215

Title: VP  
Name: DIDIER, COLETTE SND  
Address: 701 E. COLUMBIA AVE.  
City-St-Zip: CINCINNATI, OH 45215

Title: T  
Name: NICKOL, LAWRENCE  
Address: 1531 GREENSPRING VALLEY RD  
City-St-Zip: STEVENSON, MD 21153

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: CAROL LICHTENBERG

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date