2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# F10000003827

Entity Name: CATHOLIC FINANCIAL LIFE

Current Principal Place of Business:

1100 WEST WELLS STREET
MILWAUKEE, WI 53205

New Principal Place of Business:

1100 WEST WELLS STREET
MILWAUKEE, WI 53233

Current Mailing Address:

PO BOX 05900
MILWAUKEE, WI 532050900

New Mailing Address:

FEI Number: 39-0201015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: P
Name: O'TOOLE, WILLIAM
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

Title: VP
Name: BORGEN, JOHN T
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

Title: VP
Name: STRASBURG, DANIEL H
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

Title: ST
Name: LORGE, ALLAN G
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

Title: VP
Name: BERG, LEE F
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

Title: CTRL
Name: RIEMER, KERRY E
Address: PO BOX 05900
City-St-Zip: MILWAUKEE, WI 532050900

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: ALLAN G LORGE ST 01/11/2011

Electronic Signature of Signing Officer or Director — Date