

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004394

FILED
Feb 18, 2009
Secretary of State

Entity Name: THE MARIST BROTHERS, INC.

Current Principal Place of Business:

THE MARIST BROS. POUGHKEEPSIE PROVINCE
1241 KENNEDY BLVD.
BAYONNE, NJ 07002

New Principal Place of Business:

Current Mailing Address:

THE MARIST BROS. POUGHKEEPSIE PROVINCE
1241 KENNEDY BLVD.
BAYONNE, NJ 07002

New Mailing Address:

FEI Number: 22-3202332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILIATRAULT, CHARLES
2790 SW 89TH AVENUE
MIAMI, FL 33165 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: KLEIN, JOHN W
Address: 153 AVENUE C
City-St-Zip: BAYONNE, NJ 07002

Title: D () Delete
Name: CONSIGLI, BEN
Address: 153 AVENUE C
City-St-Zip: BAYONNE, NJ 07002

Title: TS () Delete
Name: ONEILL, EDWARD
Address: 153 AVENUE C
City-St-Zip: BAYONNE, NJ 07002

Title: D () Delete
Name: HAMMER, HANK
Address: 10114 SOUTH LEVITT
City-St-Zip: CHICAGO, IL 60643

Title: V () Delete
Name: MCDONNELL, JOHN
Address: 153 AVENUE C
City-St-Zip: BAYONNE, NJ 07002

Title: D () Delete
Name: MCNAMARA, PATRICK
Address: 3000 S.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33165

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
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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 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: EDWARD ONEILL

TS

02/18/2009

Electronic Signature of Signing Officer or Director

Date