

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000000946

1. Entity Name
OBLATE SERVICE CORPORATION



Principal Place of Business 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017	Mailing Address 391 MICHIGAN AVE, N.E. WASHINGTON, DC 20017
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 52-2133723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGEN, LOUIS 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORELL, J. WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HITPAS, JOSEPH 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'DONNELL, WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVALLE, THOMAS 327 OBLATE DR SAN ANTONIO, TX 78218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUDLIK, RICHARD 60 WYMAN ST LOWELL, MA 09852

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01/17/07-80072-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Hitpas *Joseph Hitpas* 1/8/07 202-529-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #