


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 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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01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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

U00000792373  
 01/24/08-80005-005 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 January 10, 2008 202-529-4505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #