

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

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

DOCUMENT # F99000000949

1. Entity Name
OBLATE TITLE HOLDING CORPORATION



Principal Place of Business
**391 MICHIGAN AVENUE, N.E.
WASHINGTON, DC 20017**

Mailing Address
**391 MICHIGAN AVE., N.E.
WASHINGTON, DC 20017**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2133726

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PD
NAME	LOUGEN, LOUIS
STREET ADDRESS	391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20017

TITLE	V
NAME	MORELL, J. WILLIAM
STREET ADDRESS	391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20017

TITLE	STD
NAME	HITPAS, JOSEPH
STREET ADDRESS	391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20017

TITLE	STD
NAME	O'DONNELL, WILLIAM
STREET ADDRESS	391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20017

TITLE	D
NAME	BROWN, WARREN
STREET ADDRESS	7707 MADONNA DR
CITY-ST-ZIP	SAN ANTONIO, TX 78216

TITLE	D
NAME	OVALLE, THOMAS
STREET ADDRESS	327 OBLATE DRIVE
CITY-ST-ZIP	SAN ANTONIO, TX 78216

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01/17/07-80072-002 61.25

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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 1/8/07 202-529-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #