

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

FILED
Jan 23, 2008 08:00 A
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



01092008 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

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$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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01/24/08-80005-003 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2008 202-529-4505

Date

Daytime Phone #