

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000950

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: OBLATE SHRINES AND RENEWAL CENTERS, INC.

Current Principal Place of Business:

391 MICHIGAN AVENUE, N.E.
WASHINGTON, DC 20017

New Principal Place of Business:

Current Mailing Address:

391 MICHIGAN AVENUE, N.E.
WASHINGTON, DC 20017

New Mailing Address:

FEI Number: 52-2133730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: KALERT, DAVID
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: V () Delete
Name: BANKS, CHARLES D
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

Title: STD () Delete
Name: HITPAS, JOSEPH
Address: 104 N MISSISSIPPI RIVER BLVD.
City-St-Zip: SAINT PAUL, MN 55104

Title: STD () Delete
Name: MOOSBRUGGER, ROBERT
Address: 391 MICHIGAN AVENUE, N.E.
City-St-Zip: WASHINGTON, DC 20017

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV. ROBERT MOOSBRUGGER, OMI

STD

04/24/2002

Electronic Signature of Signing Officer or Director

Date