

2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000951

1. Entity Name

U.S. PROVINCE OF THE MISSIONARY OBLATES OF MARY
IMMACULATE, INC.

Principal Place of Business

391 MICHIGAN AVENUE, N.E.
WASHINGTON DC 20017

Mailing Address

391 MICHIGAN AVENUE, N.E.
WASHINGTON DC 20017

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KALERT, DAVID ☐ Delete
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON DC

TITLE V
NAME BANKS, CHARLES D ☐ Delete
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON DC

TITLE STD ☒ Delete
NAME WHITLEY, RUFUS J
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON DC

TITLE D ☐ Delete
NAME MOOSBRUGGER, ROBERT
STREET ADDRESS 391 MICHIGAN AVENUE, N.E.
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE STD ☐ Change ☒ Addition
NAME HITPAS, JOSEPH
STREET ADDRESS 104 N. MISSISSIPPI RIVER BLVD.
CITY-ST-ZIP ST. PAUL, MN 55104

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP WASHINGTON, DC 20017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Amosbrugger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01 (202) 529-4505

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90169 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)