

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

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

**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 AVE., N.E.  
WASHINGTON, DC 20017 US



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2133725

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

TITLE D  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 700 NORTH 66TH ST  
CITY-ST-ZIP BELLEVILLE, IL 62223

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

U00000588417  
01/12/07-80072-005 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

1/8/07

202-529-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #