

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

FILED
Jan 23, 2008 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



01092008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGEN, LOUIS 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORELL, J. WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HITPAS, JOSEPH 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'DONNELL, WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 700 NORTH 66TH ST BELLEVILLE, IL 62223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVALLE, THOMAS 327 OBLATE DRIVE SAN ANTONIO, TX 78216

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01/24/08-80005-004 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 #