2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007902

1731 KING ST

ALEXANDRIA, VA 22314 US

Address:

City-St-Zip:

Entity Name: CATHOLIC CHARITIES USA INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1731 KING ST ALEXANDRIA, VA 22314 US **Current Mailing Address: New Mailing Address:** 1731 KING ST ALEXANDRIA, VA 22314 US FEI Number: 53-0196620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROUTSIS-ARROYO, PETER MR 1000 PINEBROOK RD VENICE, FL 34285 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SNYDER, LARRY REV. Name: Name: 1731 KING ST Address: Address: City-St-Zip: ALEXANDRIA, VA 22314 US City-St-Zip: Title: CFO Title: CFO () Delete (X) Change () Addition DES ROUCHES, MARY MS. Name: GONZALEZ, JUAN MR. Name: Address: 1731 KING ST Address: 1731 KING ST City-St-Zip: ALEXANDRIA, VA 22314 US City-St-Zip: ALEXANDRIA, VA 22314 US Title: () Delete Title: () Change () Addition KEIGHTLEY, JOHN M MR. Name: Name: Address: 1731 KING ST Address: City-St-Zip: ALEXANDRIA, VA 22314 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: BIEL, JEAN MS Name: Address: 1731 KING ST Address: City-St-Zip: ALEXANDRIA, VA 22314 US City-St-Zip: Title: () Delete Title: () Change () Addition HILL, CANDY MRS. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: JOHN KEIGHTLEY MR 01/16/2007