## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000001947

FILED Aug 26, 2009 Secretary of State

Entity Name: THE FRIENDS OF THE UNIVERSITY OF THE HOLY SPIRIT OF KASLIK, INC.

**Current Principal Place of Business:** New Principal Place of Business: 11706 BOWMAN GREEN DRIVE 1455 PENNSYLVANIA AVENUE NW RESTON, VA 20190 SUITE 400 WASHINGTON, DC 20004 **Current Mailing Address:** New Mailing Address: 1455 PENNSYLVANIA AVE., N.W. 1455 PENNSYLVANIA AVENUE NW SUITE 400 SUITE 400 WASHINGTON, DC 20004 WASHINGTON, DC 20004 FEI Number: 65-0405247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INCORP SERVICES, INC 17888 67TH COURT NORTH US LOXAHATCHEE, FL 33470 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: VPD (X) Change ( ) Addition () Delete NAAMAN, PAUL REV NAAMAN, PAUL REV. Name: Name: 11706 BOWMAN GREEN DRIVE Address: 11706 BOWMAN GREEN DRIVE Address: City-St-Zip: RESTON, VA 20190 US City-St-Zip: RESTON, VA 20190 US Title: ( ) Delete Title: (X) Change ( ) Addition LAOULACHE, RAYMOND PHD Name: HAGE, GEORGE Name: Address: 801 ST JAMES COURT Address: 12751 MAPLEWOOD COURT City-St-Zip: PROVIDENCE, RI 02904 City-St-Zip: POWAY, CA 92604 US Title: ( ) Delete Title: (X) Change ( ) Addition THOMAS, DMD, ESQ., RODNEY Name: THOMAS, DMD, ESQ., RODNEY Name: 18 HUDSON PLACE 101 SEFTON DRIVE Address: Address: City-St-Zip: PROVIDENCE, RI 02905 City-St-Zip: CRANSTON, RI 02905 US (X) Change ( ) Addition Title: () Delete Title: SD Name: HAGE, GEORGE Name: ARBID, FOUAD 12751 MAPLEWOOD COURT 11706 BOWMAN GREEN DRIVE Address: Address: City-St-Zip: POWAY, CA 92064 City-St-Zip: RESTON, VA 20190 US Title: () Delete Title: ( ) Change (X) Addition MOURAD, MAJIDA Name: Name: 600 FOURTEENTH STREET NW, SUITE 500 Address: Address: WASHINGTON, DC 20005 US City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MOUAWAD, PAUL FATHER Name: Name: Address: Address: 3679 PROVIDENCE ROAD NEW TOWN SQUARE, PA 19073 US City-St-Zip: City-St-Zip:

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

SIGNATURE: FOUAD ARBID SD 08/26/2009