

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29762

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** CATHOLIC RELIEF SERVICES - UNITED STATES CATHOLIC CONFERENCE INCORPORATED

**Current Principal Place of Business:**

209 WEST FAYETTE STREET  
BALTIMORE, MD 21201

**New Principal Place of Business:**

**Current Mailing Address:**

209 WEST FAYETTE STREET  
BALTIMORE, MD 21201

**New Mailing Address:**

**FEI Number:** 13-5563422      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTH, BARBARA  
95 CYPRESS AVENUE  
WEST PALM BEACH, FL 33415      US

**Name and Address of New Registered Agent:**

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:**

Title: C/D      ( ) Delete  
Name: LYNCH, ROBERT  
Address: 6363 9TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: CEO      ( ) Delete  
Name: HACKETT, KENNETH  
Address: 209 WEST FAYETTE STREET  
City-St-Zip: BALTIMORE, MD 21201

Title: D      ( ) Delete  
Name: MCCARRICK, THEODORE CARD.  
Address: 5001 EASTERN AVE  
City-St-Zip: WASHINGTON, DC 20017

Title: CFO      ( ) Delete  
Name: PALMER, MARK  
Address: 209 W. FAYETTE STREET  
City-St-Zip: BALTIMORE, MD 21201

Title: D      ( ) Delete  
Name: FLYNN, HARRY J MOST RV  
Address: 226 SUMMIT AVE  
City-St-Zip: ST. PAUL, MN 55102

Title: S/D      ( ) Delete  
Name: FAY, WILLIAM P RV MSGR  
Address: 3211 FOURTH ST. NE  
City-St-Zip: WASHINGTON, DC 20017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: LOBANOV, OLEG  
Address: 209 WEST FAYETTE STREET  
City-St-Zip: BALTIMORE, MD 21201

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLEG LOBANOV

VP

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date