2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P29762

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

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

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 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: OLEG LOBANOV VP 03/28/2006

Electronic Signature of Signing Officer or Director — Date