I hereby 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 all other like empowered.

SIGNATURE: SR. CAROL LICHTENBERG

I

Electronic Signature of Signing Officer/Director Detail

Er	tity Name: ST. MARY'S EDUCATIONAL INSTITUTE AT CINCINNATI, INC.
С	rrent Principal Place of Business:

701 E. COLUMBIA AVE. CINCINNATI, OH 45215

Current Mailing Address:

DOCUMENT# F0300000114

701 E. COLUMBIA AVE. CINCINNATI. OH 45215

FEI Number: 31-6036086

Name and Address of Current Registered Agent:

KENDRICK, ANN SND 1464 FALCONCREST BLVD APOPKA, FL 32712 US

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

Officer/Director Detail :

Title	Р	Title	т
Name	LICHTENBERG, CAROL SND	Name	NICKOL, LAWRENCE
Address	701 E COLUMBIA AVE	Address	1531 GREENSPRING VALLEY RD
City-State-Zip:	CINCINNATI OH 45215	City-State-Zip:	STEVENSON MD 21153
Title	VP	Title	TREASURER
Name	SOUCEK, LINDA SND	Name	MATTHES, KRISTIN SND
Address	701 E. COLUMBIA AVE.	Address	701 E. COLUMBIA AVE.
City-State-Zip:	CINCINNATI OH 45215	City-State-Zip:	CINCINNATI OH 45215
Title	SECRETARY		
Name	KATHLEEN, HARMON SND		
Address	701 E. COLUMBIA AVE.		
City-State-Zip:	CINCINNATI OH 45215		

PRESIDENT

01/09/2017

FILED Jan 09, 2017 Secretary of State CC9636972015

Certificate of Status Desired: No

Date

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Date