

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003773

**Entity Name:** CONGREGATION OF HOLY CROSS, UNITED STATES PROVINCE, INC.

**FILED**  
**Jan 03, 2024**  
**Secretary of State**  
**3289984226CC**

**Current Principal Place of Business:**

54515 STATE ROAD 933 NORTH  
NOTRE DAME, IN 46556

**Current Mailing Address:**

PO BOX 774  
NOTRE DAME, IN 46556

**FEI Number: 32-0344245**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT, DIRECTOR  
Name           LIES, WILLIAM M CSC  
Address       PO BOX 1064  
City-State-Zip: NOTRE DAME IN 46556-1064

Title           VP, DIRECTOR  
Name           JARRET, PETER A CSC  
Address       PO BOX 1064  
City-State-Zip: NOTRE DAME IN 46556-1064

Title           TREASURER, SECRETARY,  
                  DIRECTOR  
Name           BEAUCHAMP, E WILLIAM CSC  
Address       PO BOX 774  
City-State-Zip: NOTRE DAME IN 46556-0774

Title           DIRECTOR  
Name           HAAKE, GREGORY P CSC  
Address       UNIVERSITY OF NOTRE DAME - HOLY  
                  CROSS COMMUNITY  
                  124 CORBY HALL  
City-State-Zip: NOTRE DAME IN 46556-5680

Title           DIRECTOR  
Name           ISSING, DANIEL J. CSC  
Address       KING'S COLLEGE - HOLY CROSS  
                  COMMUNITY  
                  133 N. RIVER ST.  
City-State-Zip: WILKES-BARRE PA 18711

*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: E WILLIAM BEAUCHAMP, CSC**

**SECRETARY**

**01/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date