

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29762

Entity Name: CATHOLIC RELIEF SERVICES - UNITED STATES
CONFERENCE OF CATHOLIC BISHOPS, INC.**FILED**
Feb 20, 2015
Secretary of State
CC4460877347**Current Principal Place of Business:**228 WEST LEXINGTON STREET
BALTIMORE, MD 21201**Current Mailing Address:**228 WEST LEXINGTON STREET
BALTIMORE, MD 21201**FEI Number: 13-5563422****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	C/D
Name	COAKLEY, PAUL S MST REV
Address	228 WEST LEXINGTON STREET
City-State-Zip:	BALTIMORE MD 21201

Title	P
Name	WOO, CAROLYN DR.
Address	228 WEST LEXINGTON STREET
City-State-Zip:	BALTIMORE MD 21201

Title	S/D
Name	JENKINS, RONNY REVMSGR
Address	228 WEST LEXINGTON STREET
City-State-Zip:	BALTIMORE MD 21201

Title	T/D
Name	CREAMER, GLENN MR.
Address	228 WEST LEXINGTON STREET
City-State-Zip:	BALTIMORE MD 21201

Title	AS
Name	TWELE, ROBERT AESQ.
Address	228 WEST LEXINGTON STREET
City-State-Zip:	BALTIMORE MD 21201

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: ROBERT AUGUSTINE TWELE**ASSISTANT SECRETARY 02/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date