

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003500

Entity Name: MARIANIST PROVINCE OF THE UNITED STATES, INC.**Current Principal Place of Business:**4425 W. PINE BLVD.
ST. LOUIS, MO 63108**Current Mailing Address:**4425 W. PINE BLVD.
ST. LOUIS, MO 63108**FEI Number:** 03-0415363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	DP
Name	SOLMA, MARTIN SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108

Title	DV
Name	KAMIS, JOSEPH SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108

Title	DT
Name	MARSHALL, PAUL SM
Address	4425 WEST PINE BLVD.
City-State-Zip:	SAINT LOUIS MO 63108

Title	D
Name	MEYER, WILLIAM SM
Address	4425 WEST PINE BLVD.
City-State-Zip:	SAINT LOUIS MO 63108

Title	D
Name	BRINK, EDWARD SM
Address	4425 WEST PINE BLVD.
City-State-Zip:	SAINT LOUIS MO 63108

Title	D
Name	SCHMITZ, DENNIS SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108

Title	SECRETARY
Name	MARKEL, JOSEPH SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108

Title	DIRECTOR
Name	GONZALEZ, FRANCISCO SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108

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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: PAUL MARSHALL, SM**DT****03/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JOHNSON, CHARLES SM
Address	4425 W. PINE BLVD.
City-State-Zip:	ST. LOUIS MO 63108