

**2018 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 D  
Name MEYER, WILLIAM SM  
Address 4425 WEST PINE BLVD.  
City-State-Zip: SAINT LOUIS MO 63108

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

Title DIRECTOR  
Name BAUTISTA, DENNIS 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 D, TREASURER  
Name OVERMAN, RONALD SM  
Address 4425 WEST PINE BLVD.  
City-State-Zip: SAINT LOUIS MO 63108

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

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

**Continues on page 2**

*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: JOSEPH MARKEL, S.M.****SECRETARY****04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                     |
|-----------------|---------------------|
| Title           | DIRECTOR            |
| Name            | THOMPSON, JOHN S.M. |
| Address         | 4425 W. PINE BLVD.  |
| City-State-Zip: | ST. LOUIS MO 63108  |