2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003500

Entity Name: MARIANIST PROVINCE OF THE UNITED STATES, INC.

FILED
Apr 23, 2019
Secretary of State
6650347810CC

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	Title	DV

NameVASQUEZ, OSCAR SMNamePLOEGER, BERNARD SMAddress4425 W. PINE BLVD.Address4425 W. PINE BLVD.City-State-Zip:ST. LOUIS MO 63108City-State-Zip:ST. LOUIS MO 63108

Title D Title D, TREASURER

NameKENNEY, TIMOTHY SMNameMARKEL, JOSEPH SMAddress4425 WEST PINE BLVD.Address4425 WEST PINE BLVD.City-State-Zip:SAINT LOUIS MO 63108City-State-Zip:SAINT LOUIS MO 63108

Title D Title SECRETARY

Name O'NEILL, JESSE SM Name STRAUBINGER, KENNETH SM

 Address
 4425 W. PINE BLVD.
 Address
 4425 W. PINE BLVD.

 City-State-Zip:
 ST. LOUIS MO 63108
 City-State-Zip:
 ST. LOUIS MO 63108

Title DIRECTOR Title DIRECTOR

Name STANDER, CHARLES SM Name JOHNSON, CHARLES SM

Address 4425 W. PINE BLVD. Address 4425 W. PINE BLVD.

City-State-Zip: ST. LOUIS MO 63108 ST. LOUIS MO 63108

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, SM TREASURER 04/23/2019