

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90028 027 ****70.00

DOCUMENT # F02000003500 1. Entity Name MARIANIST PROVINCE OF THE UNITED STATES, INC.					
Principal Place of Business 4425 W. PINE BLVD. ST. LOUIS, MO 63108			Mailing Address 4425 W. PINE BLVD. ST. LOUIS, MO 63108		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 03-0415363	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLODEKN, STEPHEN M SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FITZ, JAMES SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIX, RICHARD SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWYER, TIMOTHY SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KENNEY, TIMOTHY SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKNER, JOSEPH SM <input type="checkbox"/> Delete 4425 W. PINE BLVD. ST. LOUIS, MO 63108				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DP GLODEK, STEPHEN M SM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D Kenney, Timothy SM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
S Markel, Joseph SM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4425 W. Pine Blvd. St. Louis, MO 63108					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard Dint</i> 2/18/04 (314) 533-1207 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					