

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

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



01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0415363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000379525
01/10/06-80025-013 61.25

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLODEK, STEPHEN M SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	DV
NAME	FITZ, JAMES SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	DT
NAME	DIX, RICHARD SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	O'GRADY, MICHAEL SM
STREET ADDRESS	4425 WEST PINE BLVD
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	KENNEY, TIMOTHY SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108
TITLE	D
NAME	LACKNER, JOSEPH SM
STREET ADDRESS	4425 W. PINE BLVD.
CITY-ST-ZIP	ST. LOUIS, MO 63108

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Richard Dix, SM. RICHARD DIX, SM.

1/4/06 314.533.1207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #