


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 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
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01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 03-0415363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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01/11/07-80019-010 61.25

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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, S.M. 1/3/07 314.533.1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #