

1.) CORPORATION NAME:

Society of Catholic Priests in the USA and Canada

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHAWN STROUT
4087 CHAMPIONSHIP COURT
ANNANDALE, VA**

SCC ID NO: **07125651**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O SHAWN STROUT
4087 CHAMPIONSHIP CT

CITY/ST/ZIP: ANNANDALE, VA 22003

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JARED C CRAMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ST JOHNS		
CITY/ST/ZIP/CO:	524 WASHINGTON GRAND HAVEN, MI 49417		
NAME:	CHRIS ARNOLD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COMMUNICATIONS		
ADDRESS:	ST. MARY'S EPISCOPAL CHURCH		
CITY/ST/ZIP/CO:	PO BOX 744 MIDDLESBORO, KY 40965		
NAME:	R. WILLIAM CARROLL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CONVENER		
ADDRESS:	CHURCH OF THE GOOD SHEPHERD		
CITY/ST/ZIP/CO:	64 UNIVERSITY TERRACE ATHENS, OH 45701		
NAME:	BRIAN COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAPLAIN		
ADDRESS:	16 E VAN BUREN		
CITY/ST/ZIP/CO:	BATTLE CREEK, MI 49017		
NAME:	STEVE RICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COUNCIL ADVISOR		
ADDRESS:	2575 PARKWAY DRIVE		
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27104		
NAME:	SHAWN STROUT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	REGISTEREDAGENT		
ADDRESS:	4087 CHAMPIONSHIP CT		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	ERIKA TAKACS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1625 LOCUST ST		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19103		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JARED C CRAMER</u>	<u>JARED C CRAMER, TREASURER</u>	<u>7/10/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.