

1.) CORPORATION NAME:

**JESUIT MISSION BUREAU, MARYLAND**

**PROVINCE, INCORPORATED**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **5/31/2012**

SCC ID NO: **F1826165**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8600 LASALLE ROAD  
Suite 620

CITY/ST/ZIP: TOWSON, MD 21286-2014

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES M. SHEA, S.J.		
TITLE:	PRESIDENT		
ADDRESS:	8600 LASALLE ROAD Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES A CASCIOTTI, S.J.		
TITLE:	VICE PRESIDENT		
ADDRESS:	8600 LASALLE ROAD Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY J. STEPHENS, S.J.		
TITLE:	TREASURER		
ADDRESS:	8600 LASALLE ROAD SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN J. CONLEY, S.J.		
TITLE:	DIRECTOR		
ADDRESS:	8600 LASALLE ROAD Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRUCE A. MAIVELETT, S.J.		
TITLE:	DIRECTOR		
ADDRESS:	8600 LASALLE ROAD Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	TIMOTHY J. STEPHENS, S.J.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8600 LaSalle Road Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	KEVIN F. O'BRIEN, S.J.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8600 LaSalle Road Suite 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

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.

/s/ TIMOTHY J. STEPHENS, S.J.	TIMOTHY J. STEPHENS, S.J.,	4/5/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.