

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 816187 (9)**

1. Corporation Name  
**AMERICAN ARBITRATION ASSOCIATION, INC.**



Principal Place of Business: **140 W 51ST ST NEW YORK NY 10020**  
Mailing Address: **140 W 51ST ST NEW YORK NY 10020**

3. Date Incorporated or Qualified: **06/29/1962**  
3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **13-0429745**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**GRAFALS, RENE  
99 S.E. FIFTH STREET, SUITE 200  
MIAMI FL 33131-9501**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLATE, WILLIAM K II	
STREET ADDRESS	140 WEST 51ST ST	
CITY - ST - ZIP	NY NE	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LOVE, VINCENT J.	
STREET ADDRESS	140 WEST 51ST ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMBARD, RICHARD S	
STREET ADDRESS	140 WEST 51ST ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHITTENDEN, THOMAS S.	
STREET ADDRESS	140 WEST 51ST ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EMMERT, JOHN C. JR.	
STREET ADDRESS	140 WEST 51ST ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, ANDREA S.	
STREET ADDRESS	140 WEST 51ST ST.	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D Love, Vincent J.</b>
2.3 STREET ADDRESS	<b>140 W 51st St</b>
2.4 CITY - ST - ZIP	<b>NY NY 10020</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VS Jan W. Keith</b>
4.3 STREET ADDRESS	<b>140 W 51st St</b>
4.4 CITY - ST - ZIP	<b>NY NY 10009</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VT Emmert, John C. Jr.</b>
5.3 STREET ADDRESS	<b>140 W 51st St</b>
5.4 CITY - ST - ZIP	<b>NY NY 10020</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan W. Keith, VP & Secretary 1/30/96 212 484 4041  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (12/95)