

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90095 046 ****61.25

DOCUMENT # 816187

1. Entity Name

AMERICAN ARBITRATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

335 MADISON AVE
 NEW YORK NY 10017

335 MADISON AVE
 NEW YORK NY 10017

A0071955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-0429745

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-9501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	SLATE, WILLIAM K II	
CITY-ST-ZIP	335 MADISON AVE	
	NEW YORK NY	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	JESTER, JENNIFER D	
CITY-ST-ZIP	335 MADISON AVE	
	NEW YORK NY	
TITLE NAME	GC	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HOELLERING, MICHAEL F	
CITY-ST-ZIP	335 MADISON AVE	
	NEW YORK NY	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ADLER, SARA ESQ.	
CITY-ST-ZIP	1034 SELBY AVENUE	
	LOS ANGELES CA	
TITLE NAME	COB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BANNISTER, DAN R	
CITY-ST-ZIP	2000 EDMUND HALLEY DR	
	RESTON VA	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	AIBEL, HOWARD J ESQ.	
CITY-ST-ZIP	125 WEST 55TH STREET, 17TH FLOOR	
	NEW YORK NY	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	GC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Peterson, Florence M.	
CITY-ST-ZIP	335 Madison Ave	
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

see attached list

see attached list

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED Jennifer Jester

7/13/00

212.716.3912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

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