


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90086 037 ****61.25

DOCUMENT # 816187							
1. Entity Name AMERICAN ARBITRATION ASSOCIATION, INC.							
Principal Place of Business 1633 BROADWAY 10TH FLOOR NEW YORK, NY 10019-6708			Mailing Address 1633 BROADWAY 10TH FLOOR NEW YORK, NY 10019-6708				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 13-0429745			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	04152008 Chg-NP CR2E037 (12/06)			
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SLATE, WILLIAM K II		NAME				
STREET ADDRESS	1633 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TUCHMANN, ERIC		NAME				
STREET ADDRESS	1633 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP				
TITLE	e	<input checked="" type="checkbox"/> Delete	TITLE	General Counsel	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUCHMANN, ERIC		NAME				
STREET ADDRESS	1633 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROSSI, FRANCESCO		NAME				
STREET ADDRESS	1633 BROADWAY		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP				
TITLE	DO	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, JAMES H		NAME				
STREET ADDRESS	125 BROAD ST		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP				
TITLE	e	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, L.G. JR		NAME				
STREET ADDRESS	122 EDGEWORTH STREET		STREET ADDRESS				
CITY-ST-ZIP	GREENVILLE, SC 29607		CITY-ST-ZIP				
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: _____			Date: 4/18/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

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ATTACHMENT

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