

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002643

Entity Name: AMERICAN BAR ENDOWMENT, INC.**Current Principal Place of Business:**321 N. CLARK STREET
SUITE 1400
CHICAGO, IL 60654-7648**Current Mailing Address:**321 N. CLARK STREET
SUITE 1400
CHICAGO, IL 60654-7648 US**FEI Number:** 36-2384321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASS, HILARIE
BASS INSTITUTE OF DIVERSITY AND INCLUSION
3591 ROCKERMAN ROAD
MIAMI, FL 33133 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LAMM, CAROLYN B
Address 701 13TH STREET N.W.
City-State-Zip: WASHINGTON DC 20005-3911

Title DIRECTOR
Name COLE, JONATHAN
Address 211 COMMERCE STREET
SUITE 800
City-State-Zip: NASHVILLE TN 37201

Title VP, DIREC
Name VOGEL, HOWARD H.
Address 7610 GLEASON DRIVE
SUITE 200
City-State-Zip: KNOXVILLE TN 37919

Title DIRECTOR
Name BEHNKE, MICHELLE A
Address 222 N. MIDVALE BLVD.
SUITE 17
City-State-Zip: MADISON WI 53705-5004

Title DIRECTOR
Name ZACK, STEPHEN N
Address 100 S.E. 2ND STREET
SUITE 2800
City-State-Zip: MIAMI FL 33131-2124

Title TREASURER, DIRECTOR
Name VANCE, PALMER G II
Address 300 W. VINE STREET
City-State-Zip: LEXINGTON KY 40507-1801

Title DIRECTOR
Name LIVINGSTON, LORA J
Address 1000 GUADALUPE STREET
SUITE 308
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name PERA, LUCIAN T
Address 6075 POPLAR AVENUE
SUITE 700
City-State-Zip: MEMPHIS TN 38119-0100

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN B LAMM

PRESIDENT

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLOWERS, MICHAEL E
Address 41 SOUTH HIGH STREET
SUITE 2200
City-State-Zip: COLUMBUS OH 43215-6141

Title DIRECTOR
Name BASS, HILARIE
Address 3591 ROCKERMAN ROAD
City-State-Zip: MIAMI FL 33133

Title EX-OFFICIO DIRECTOR
Name SHEPHERD, KEVIN L
Address 750 E. PRATT STREET
SUITE 900
City-State-Zip: BALTIMORE MD 21202-3157

Title SECRETARY, DIRECTOR
Name PRESTON, TOMMY D JR
Address 5400 INTERNATIONAL BLVD.
City-State-Zip: NORTH CHARLESTON SC 29418

Title EX-OFFICIO DIRECTOR
Name PERRY MARTINEZ, JUDY
Address 1100 POYDRAS STREET
30TH FLOOR
City-State-Zip: NEW ORLEANS LA 70163