### 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002643

Entity Name: AMERICAN BAR ENDOWMENT, INC.

**FILED** Mar 23, 2015 **Secretary of State** CC8375011887

### **Current Principal Place of Business:**

321 N. CLARK STREET 14TH FLOOR CHICAGO, IL 60654-7648

# **Current Mailing Address:**

321 N. CLARK STREET 14TH FLOOR CHICAGO, IL 60654-7648 US

FEI Number: 36-2384321 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

BASS, HILARIE C/O GREENBERG TRAURIG PA 1221 BRICKEL AVE., FLOOR 21 MIAMI, FL 33131-3224 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 VP	Title	DIRECTOR
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Name PATTERSON, J. ANTHONY JR Name GRIFFIN, CHRISTOPHER L 310 SUNNYVIEW LANE 100 N. TAMPA, SUITE 2700 Address Address TAMPA FL 33602-5891 City-State-Zip: KALISPELL MT 59901 City-State-Zip:

Title **PRESIDENT** Title DIRECTOR

Name REFO, PATRICIA BARNETT, MARTHA W Name

Address 400 E. VAN BUREN STREET 315 S. CALHOUN STREET Address City-State-Zip: PHOENIX AZ 85004-2223 City-State-Zip: TALLAHASSEE FL 32301

Title **TREASURER SECRETARY** Title

ZACK, STEPHEN N Name Name LAMM, CAROLYN B

Address 100 S.E. 2ND STREET Address 701 13TH STREET N.W.

**SUITE 2800** 

City-State-Zip: WASHINGTON DC 20005-3911 MIAMI FL 33131-2124 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name COLE, JONATHAN VANCE, PALMER G II Name Address

211 COMMERCE STREET Address 300 W. VINE STREET SUITE 800

LEXINGTON KY 40507-1801 City-State-Zip: City-State-Zip: NASHVILLE TN 37201

Continues on page 2

SIGNATURE: MARTHA W BARNETT

**PRESIDENT** 

03/23/2015

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.

# Officer/Director Detail Continued:

**DIRECTOR** Title Title DIRECTOR

Name WYNN, JAMES JR. Name VOGEL, HOWARD H.

Address 434 FAYETTEVILLE STREET Address 7610 GLEASON DRIVE SUITE 200

**SUITE 2135** 

RALEIGH NC 27601 KNOXVILLE TN 37919 City-State-Zip: City-State-Zip:

DIRECTOR Title DIRECTOR Title

BROWN, PAULETTE Name CASEY, JR., G. NICHOLAS Name Address 44 WHIPPANY ROAD Address 300 SUMMERS STREET

SUITE 700 MORRISTOWN NJ 07960 City-State-Zip: CHARLESTON WV 25301-1632 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name HUBBARD, WILLIAM C Name COLLINS, DAVID A 1320 MAIN STREET Address

Address 17925 KIRKSHIRE AVE. 17TH FLOOR

City-State-Zip: BEVERLY HILLS MI 48025-3142 City-State-Zip: COLUMBIA SC 29201