

**2023 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  
2821 S. BAYSHORE DRIVE  
UPH-B  
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:** HILARIE BASS

04/12/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title DIRECTOR, VP  
Name LIVINGSTON, LORA J  
Address P.O. BOX 202645  
City-State-Zip: AUSTIN TX 78720

Title DIRECTOR  
Name BEHNKE, MICHELLE A  
Address 6502 GRAND TETON PLAZA  
SUITE 101  
City-State-Zip: MADISON WI 53719

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

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

Title DIRECTOR, TREASURER  
Name BASS, HILARIE  
Address 2821 S. BAYSHORE DRIVE  
UPH-B  
City-State-Zip: MIAMI FL 33133

**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:** HOWARD H VOGEL

PRESIDENT

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name REFO, PATRICIA LEE  
Address 400 E. VAN BUREN STREET  
City-State-Zip: PHOENIX AZ 85004-0908

Title DIRECTOR  
Name CARLSON, ROBERT M  
Address 4180 JAMIE ANN LANE  
City-State-Zip: MISSOULA MT 59803

Title DIRECTOR  
Name NOEL, RANDALL D.  
Address 6075 POPLAR AVENUE  
SUITE 500  
City-State-Zip: MEMPHIS TN 38119-0102

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

Title DIRECTOR  
Name GILES, TRACY A.  
Address 129 E. CAMPBELL AVENUE  
City-State-Zip: ROANOKE VA 24011

Title DIRECTOR  
Name LIEBENBERG, ROBERTA D  
Address 1 S. BROAD ST.  
STE 2300  
City-State-Zip: PHILADELPHIA PA 19107