

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000005237

**FILED**  
**Mar 01, 2024**  
**Secretary of State**  
**5150683702CC**

**Entity Name:** LAW FIRM ANTIRACISM ALLIANCE, INC.

**Current Principal Place of Business:**

900 16TH NORTH WEST  
WASHINGTON, DC 20006-2915

**Current Mailing Address:**

900 16TH NORTH WEST  
WASHINGTON, DC 20006-2915 US

**FEI Number:** 85-3655248

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name ANNINOS, ARTEMIS  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title PRESIDENT  
Name DEVANEY, BRENNAN  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name LUCAS, DIANE  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name RAPP, EVE-LYNN J.  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name BERMAN, JEFF  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title PRESIDENT  
Name MORROW, KIISHA  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name HARRIS, LISA  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name FITZGERALD, MARTHA  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

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*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUERBY NOEL ESQ.

**AUTHORIZED PERSON**

**03/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KIERNAN, PAUL  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name WILSON, PETER  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name MBUTHO, SIBUSISO  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title AUTHORIZED PERSON  
Name NOEL, GUERBY ESQ.  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name LEE, PAUL  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name HOVER, ROBERT  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915

Title DIRECTOR  
Name CHAPMAN, WILLIAM JR.  
Address 900 16TH NORTH WEST  
City-State-Zip: WASHINGTON DC 20006-2915