FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:10

DOCUMENT # **816187** **(9)**

1. Corporation Name

AMERICAN ARBITRATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
140 W 51ST ST NEW YORK NY 10020	140 W 51ST ST NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1962
3a. Date of Last Report: 02/02/1994
4. FEI Number: 13-0429745 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRAFALS, RENE
99 S.E. FIFTH STRET, SUITE 200
MIAMI FL 33131-9501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	COULSON, ROBERT	1.2 NAME	William K. Slate, II	
STREET ADDRESS	140 WEST 51ST ST.	1.3 STREET ADDRESS	140 West 51St St.	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York NY	
TITLE	DT	2.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, VINCENT J.	2.2 NAME		
STREET ADDRESS	140 WEST 51ST ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LOMBARD, RICHARD S	3.2 NAME		
STREET ADDRESS	140 WEST 51ST ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHITTENDEN, THOMAS S.	4.2 NAME		
STREET ADDRESS	140 WEST 51ST ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP		
TITLE	VS	5.1 TITLE		☐ Change ☐ Addition
NAME	EMMERT, JOHN C. JR.	5.2 NAME		
STREET ADDRESS	140 WEST 51ST ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTENSEN, ANDREA S.	6.2 NAME		
STREET ADDRESS	140 WEST 51ST ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Emmert, Jr. January 31, 1995 212-484-4050
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR — Date — Daytime Phone #

John C. Emmert, Jr., Clo-Corp.Sec'y.

0073121