

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816187

1. Entity Name

AMERICAN ARBITRATION ASSOCIATION, INC.

Principal Place of Business

335 MADISON AVE
NEW YORK NY 10017

Mailing Address

335 MADISON AVE
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-9501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P SLATE, WILLIAM K II 335 MADISON AVE NEW YORK NY ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
S JESTER, JENNIFER D 335 MADISON AVE NEW YORK NY ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
GC PETERSON, FLORENCE M 335 MADISON AVE NEW YORK NY 10017 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ADLER, SARA ESQ. 1034 SELBY AVENUE LOS ANGELES CA ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Jennifer J. Coffman 335 Madison Avenue New York, NY 10017 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
EVP John C. Emmert, Jr. 335 Madison Ave New York, NY 10017 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Francesco Rossi 335 Madison Ave New York, NY 10017 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
see attached ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

Jennifer Jester Coffman 2/15/01 212-716-3912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90488 030 ****61.25

Attachment

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