

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90133 023 ****61.25

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



1st MOORE

CR2E037 (10/04)

4. FEI Number

13-0429745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-9501

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SLATE, WILLIAM K II	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	COFFMAN, JENNIFER J	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	GC	<input type="checkbox"/> Delete
NAME	TUCHMANN, ERIC	
STREET ADDRESS	335 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMMERT, JOHN C JR	
STREET ADDRESS	395 MADISON AV	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	I	<input type="checkbox"/> Delete
NAME	ROSSI, FRANCESCO	
STREET ADDRESS	335 MADISON AV	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	LAHEY, EDWARD V JR	
STREET ADDRESS	9 FERRY STREET	
CITY-ST-ZIP	ESSEX CT 06426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carter, James H.	
STREET ADDRESS	125 Broad St.	
CITY-ST-ZIP	New York, NY 10004	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05

Date

212.716.3912

Daytime Phone #