

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:12

DOCUMENT # 840579 (7)

1. Corporation Name
SOUTHEASTERN LIBRARY NETWORK INC.

Principal Place of Business 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA GA 30309-9955	Mailing Address 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA GA 30309-9955
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/30/1978	3a. Date of Last Report 03/08/1994
4. FEI Number 72-0738497	Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 30309-2955	Country 25
Zip 29 30309-2955	Country 30

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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MANCINI, DONNA D DEKALB COUNTY PUBLIC LIBRARY DECATUR GA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEPHENS, JERRY W. UNIVERSITY OF ALABAMA & BIRMGINGHAM BIRMINGHAM AL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFORD, LARRY P UNIVERSITY OF NORTH CAROLINA CHAPEL HILL NC	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIR, BIRDIE O. ALABAMA A&M UNIVERISTY HUNTSVILLE AL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Barry B. Baker University of Georgia Libraries Athens, GA 30602 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, PAULA T. UNIVERSITY OF TENNESSEE KNOXVILLE TN	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VCD Perry, Emma B. Southern University - Cade Library Baton Rouge, LA 70813 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry B. Baker Barry B. Baker (404) 892-0943
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature (Print Name)