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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840579 (7)

1. Corporation Name

SOUTHEASTERN LIBRARY NETWORK INC.

Principal Place of Business

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA GA 30309-2955
US

Mailing Address

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA GA 30309-2955
US3. Date Incorporated or Qualified
05/30/19783a. Date of Last Report
03/19/1996

4. FEI Number

72-0738497

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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 CD ☒ DELETENAME PERRY, EMMA B
STREET ADDRESS SOUTHERN UNIVERSITY
CITY-ST-ZIP BATON ROUGE LA 70813

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

CD ☒ Change ☐ Addition

Mary Reichel

Appalachian State University Boone, NC 28

TITLE SD ☒ DELETENAME REICHEL, MARY DR
STREET ADDRESS APPALACHIAN STATE UNIVERSITY
CITY-ST-ZIP BOONE NC 28608

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition

Karen McDaniel

Kentucky State University

Frankfort, KY 40601

TITLE TD ☒ DELETENAME MCDANIEL, KAREN C
STREET ADDRESS KENTUCKY STATE UNIVERSITY
CITY-ST-ZIP FRANKFORT KY 40601

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD ☐ Change ☒ Addition

Sandy Cooper

State Library of North Carolina

Raleigh, NC 27601

TITLE D ☒ DELETENAME ROBISON, CAROLYN L
STREET ADDRESS GEORGIA STATE UNIVERSITY
CITY-ST-ZIP ATLANTA GA 30303

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ AdditionTITLE VCD ☒ DELETENAME BAKER, BARRY B
STREET ADDRESS UNIVERSITY OF GEORGIA LIBRARIES
CITY-ST-ZIP ATHENS GA 30602

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VCD ☐ Change ☒ Addition

Jean Major

Old Dominion University

Norfolk, VA 23529

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do 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 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: *Karen McDaniel* Karen McDaniel, Secretary

(404) 892-0943

CFR 2037 (9/96)