
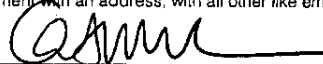


FILED
Apr 27, 2004 8:00 am
Secretary of State

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DOCUMENT # 840579				04-27-2004 90088 005 ****61.25	
1. Entity Name SOUTHEASTERN LIBRARY NETWORK INC.					
Principal Place of Business 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA, GA 30309-2995 US		Mailing Address 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA, GA 30309-2995 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
				04062004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 72-0738497		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANDELIN, PHD, JANIS		NAME		
STREET ADDRESS	FURMAN UNIVERSITY		STREET ADDRESS		
CITY- ST- ZIP	GREENVILLE, SC 29613		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRIEN-PARHAM, LORETTA		NAME	Chairman	
STREET ADDRESS	HAMPTON UNIVERSITY		STREET ADDRESS	Raymond Santiago	
CITY- ST- ZIP	HAMTON, VA 32668		CITY- ST- ZIP	101 W FLAGLER	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Miami, FL 33130	
NAME	PRITCHARD, JOHN A		NAME	John U. Schneider	
STREET ADDRESS	MISSISSIPPI LIBRARY COMMISSION		STREET ADDRESS	901 PARK AVE	
CITY- ST- ZIP	JACKSON, MS 39289		CITY- ST- ZIP	Richmond, VA 23284	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, FRANCES N		NAME	James Nelson	
STREET ADDRESS	MISSISSIPPI STATE UNIVERSITY		STREET ADDRESS	300 COFFEE TREE RD	
CITY- ST- ZIP	MISSISSIPPI STATE, MS 37962		CITY- ST- ZIP	FRANKFORT, KY 40602	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WARREN, DAVID		NAME	Catherine Nevins	
STREET ADDRESS	RICHLAND CO. PUBLIC LIBRARY		STREET ADDRESS	1438 WEST PEACHTREE ST.	
CITY- ST- ZIP	COLUMBIA, SC 29201		CITY- ST- ZIP	ATLANTA, GA 30309	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 		4/23/04 (404) 892-0943			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			