

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 840579

FILED
Oct 30, 2008
Secretary of State

Entity Name: SOUTHEASTERN LIBRARY NETWORK INC.

Current Principal Place of Business:

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA, GA 303092995 US

New Principal Place of Business:

Current Mailing Address:

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA, GA 303092995 US

New Mailing Address:

FEI Number: 72-0738497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: JENNIFER FAULTMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NELSON, JAMES A
Address: 300 COFFEE TREE ROAD
City-St-Zip: FRANKFORT, KY 40602

Title: VC () Delete
Name: VAUGHAN, ROBERT
Address: 145 EDNAM DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: T () Delete
Name: PICKARD, PATRICIA
Address: 2415-C NORTH DRUID HILLS RD, NE
City-St-Zip: ATLANTA, GA 30329

Title: D () Delete
Name: NEVINS, CATHERINE
Address: 1438 WEST PEACHTREE ST
City-St-Zip: ATLANTA, GA 30309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BROWN, CHARLES M
Address: 310 N TRYON STREET
City-St-Zip: CHARLOTTE, NC 28202

Title: VC (X) Change () Addition
Name: SHEFTALL, WILLIS
Address: 830 WESTVIEW DR
City-St-Zip: ATLANTA, GA 30314

Title: T (X) Change () Addition
Name: MILLER, BILL
Address: FLORIDA ATLANTIC UNIV
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE ERB

CFO

10/30/2008

Electronic Signature of Signing Officer or Director

Date