

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91178 031 ***150.00

0670159 AB

DOCUMENT # F02000002789

1. Entity Name
MARITIME ARBITRATION ASSOCIATION, INC.



Principal Place of Business
~~ONE WORLD TRADE CENTER, SUITE 800~~
~~LONG BEACH CA 90831-0800~~
P.O. Box 11466
Newport Beach CA 92658

Mailing Address
~~ONE WORLD TRADE CENTER, SUITE 800~~
~~LONG BEACH CA 90831-0800~~
P.O. Box 11466
Newport Beach CA 92658



2. Principal Place of Business
P.O. Box 11466

3. Mailing Address
P.O. Box 11466

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Newport Beach CA

City & State
Newport Beach CA

Zip
92658

Country
USA

Zip
92658

Country
USA

4. FEI Number
11466

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent
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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	RUSSELL, THOMAS A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, THOMAS A		NAME	2339 PORT LERWICK PLACE	
STREET ADDRESS	900 WILSHIRE BLVD., SUITE 1435		STREET ADDRESS	NEWPORT BEACH CA 92660	
CITY-ST-ZIP	LOS ANGELES CA 90017		CITY-ST-ZIP		
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		
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		
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		
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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 607, 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 REQUIRED** **4/28/03** **949-854-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)