

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006211

**FILED
Jul 14, 2004
Secretary of State**

Entity Name: NATIONAL ASSOCIATION OF TRAIL LAWYER EXECUTIVES, INC.

Current Principal Place of Business:

7908 BRIARCREEK ROAD SOUTH
TALLAHASSEE, FL 32312

New Principal Place of Business:

3375-E CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE, FL 32308

Current Mailing Address:

7908 BRIARCREEK ROAD SOUTH
TALLAHASSEE, FL 32312

New Mailing Address:

1400 VILLAGE SQUARE BLVD
#3-138
TALLAHASSEE, FL 32312

FEI Number: 91-1248754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KATHLEEN
7908 BRIARCREEK ROAD SOUTH
TALLAHASSEE, FL 32312

Name and Address of New Registered Agent:

WILSON, KATHLEEN
3375-E CAPITAL CIRCLE NE
SUITE 1
TALLAHASSEE, FL 32308

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: _____ 07/14/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIELDS, KAY
Address: P.O. BOX 1777
City-St-Zip: BOISE, ID 83701

Title: PD () Delete
Name: TAYLOR, RICHARD M JR
Address: P.O. BOX 10918
City-St-Zip: RALEIGH, NC 276050918

Title: SD () Delete
Name: SHANOR, MARCIA
Address: 2111 WARREN AVENUE
City-St-Zip: CHEYENNE, WY 820013739

Title: TD () Delete
Name: CALLAWAY, TONY
Address: 50 HURT PLAZA SE
City-St-Zip: ATLANTA, GA 303032916

Title: VPD () Delete
Name: TERZARIOL, CARLA
Address: 1370-1100 MELVILLE STREET
City-St-Zip: VANCOUVER CANANDA, OC OC

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ED () Change (X) Addition
Name: WILSON, KATHLEEN
Address: 3375-E CAPITAL CIRCLE NE SUITE 1
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN WILSON ED 07/14/2004
Electronic Signature of Signing Officer or Director Date