## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000006211

FILED Jan 09, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3375-E CAPITAL CIRCLE NE SUITE 1 TALLAHASSEE, FL 32308 **New Mailing Address: Current 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: Name and Address of New Registered Agent: WILSON, KATHLEEN 3375-E CAPITAL CIRCLE NE SUITE 1 TALLAHASSEE, FL 32308 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SHIELDS, KAY TERZARIOL, CARLA Name: Name: P.O. BOX 1777 Address: 1111 - 1100 MELVILLE STREET Address: City-St-Zip: BOISE, ID 83701 City-St-Zip: VANCOUVER, BC V6E 4A6 CA Title: PD Title: (X) Change ( ) Addition ( ) Delete TAYLOR, RICHARD M JR Name: SHANOR, MARCIA Name: Address: P.O. BOX 10918 Address: 2111 WARREN AVENUE City-St-Zip: RALEIGH, NC 276050918 City-St-Zip: CHEYENNE, WY 82001 Title: SD () Delete Title: (X) Change ( ) Addition SHANOR, MARCIA WILSON, MICHEALLE B Name: Name: 2111 WARREN AVENUE Address: Address: 150 WEST MARKET STREET #210 City-St-Zip: CHEYENNE, WY 820013739 City-St-Zip: INDIANAPOLIS, IN 46204 ( ) Delete (X) Change ( ) Addition Title: TD Title: Name: CALLAWAY, TONY Name: AVERY, GINGER 50 HURT PLAZA SE 770 WASHINGTON AVE. SUITE 170 Address: Address: City-St-Zip: ATLANTA, GA 303032916 City-St-Zip: MONTGOMERY, AL 36104 Title: VPD () Delete Title: (X) Change ( ) Addition TERZARIOL, CARLA STRIULI, NANCY Name: Name: 1370-1100 MELVILLE STREET Address: Address: 1 PARK ROW City-St-Zip: VANCOUVER CANANDA, OC OC City-St-Zip: PROVIDENCE, RI 02903 Title: () Delete Title: () Change () Addition WILSON, KATHLEEN Name: Name: Address: 3375-E CAPITAL CIRCLE NE SUITE 1 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: KATHLEEN WILSON ED 01/09/2006

TALLAHASSEE, FL 32308

City-St-Zip: