

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005352

FILED
Feb 05, 2008
Secretary of State

Entity Name: ARBITRATION FORUMS, INC.

Current Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE
295
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271500
TAMPA, FL 336881500

New Mailing Address:

FEI Number: 13-3095444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCILA, JAIRO
3350 BUSCHWOOD PARK DR
SUITE 295
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SMITH, D. KAY
Address: 3350 BUSCHWOOD PK. DRIVE
City-St-Zip: TAMPA, FL 33618

Title: CFO () Delete
Name: ARCILA, JAIRO
Address: 3350 BUSCHWOOD PARK DR - STE 295
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: CENTANNI, JOSEPH
Address: ONE NATIONWIDE PLAZA, 1-23-02
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: NARIGON, DAVID
Address: P.O. BOX 308
City-St-Zip: MONROE, IA 50170

Title: D () Delete
Name: LOCKWOOD, ROBERT
Address: 355 MAPLE AVENUE
City-St-Zip: HARLEYSVILLE, PA 19438

Title: D () Delete
Name: FOUERT, JOHN
Address: ONE STATE FARM PLAZA; A4
City-St-Zip: BLOOMINGTON, IL 61710

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
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Address:
City-St-Zip:

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

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: JAIRO ARCILA

CFO

02/05/2008

Electronic Signature of Signing Officer or Director

Date