2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N05000006621

Entity Name: SOUTHEASTERN ASSOCIATION OF LAW SCHOOLS, INC.

Current Principal Place of Business:

C/O GAIL LEVIN RICHMOND
3305 COLLEGE AVE
FORT LAUDERDALE, FL 333147721

New Principal Place of Business:

Current Mailing Address:

C/O GAIL LEVIN RICHMOND, NSU LAW CENTER
3305 COLLEGE AVE
FORT LAUDERDALE, FL 333147721

New Mailing Address:

FEI Number: 20-3108887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHMOND, GAIL LEVIN
NOVA SOUTHEASTERN UNIVERSITY LAW CENTER
3305 COLLEGE AVE
FORT LAUDERDALE, FL 333147721 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:	VD	( ) Delete
Name:	CARDI, VINCENT	
Address:	WEST VIRGINIA UNIVERSITY COLLEGE OF LAW	
City-St-Zip:	MORGANTOWN, WV 26506	
Title:	D	( ) Delete
Name:	PIETRUSZKIEWICZ, CHRISTOPHER	
Address:	LOUISIANA STATE UNIV. EAST CAMPUS DRIVE	
City-St-Zip:	BATON ROUGE, LA 70803	
Title:	MD	( ) Delete
Name:	WEAVER, RUSSELL L	
Address:	UNIVERSITY OF LOUISVILLE	
City-St-Zip:	LOUISVILLE, KY 40292	
Title:	SD	( ) Delete
Name:	RICHMOND, GAIL LEVIN	
Address:	NOVA SOUTHEASTERN UNIV. 3305 COLLEGE AVE	
City-St-Zip:	FORT LAUDERDALE, FL 333147721	
Title:	TD	( ) Delete
Name:	PARTLETT, DAVID F	
Address:	EMORY UNIVERSITY SCHOOL OF LAW	
City-St-Zip:	ATLANTA, GA 30322	
Title:	PD	( ) Delete
Name:	FLOYD, MICHAEL D	
Address:	CUMBERLAND SCHOOL OF LAW 800 LAKESHORE DR	
City-St-Zip:	BIRMINGHAM, AL 35229	

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:	( ) 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: GAIL LEVIN RICHMOND SD 02/12/2008

Electronic Signature of Signing Officer or Director — Date