2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009771

FILED Jan 10, 2010 Secretary of State

Entity Name: CLAIMANTS' ATTORNEYS' EMAIL LISTSERV, INC.

Current Principal Place of Business: New Principal Place of Business:

223 SOUTH GADSDEN STREET 2ND FLOOR TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

PO BOX 1734

TALLAHASSEE, FL 323021734

FEI Number: 38-3806730 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:

GONZALEZ, LAWRENCE A 223 S GADSDEN ST 2ND FLOOR TALLAHASSEE, FL 32301 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:

Γitle: C

 Name:
 CELESTE, MICHAEL J

 Address:
 580 VILLAGE BLVD, STE 225

 City-St-Zip:
 WEST PALM BEACH, FL 334091953

Title: D

 Name:
 DOOLITTLE, PAUL M

 Address:
 4811 ATLANTIC BLVD, STE 3

 City-St-Zip:
 JACKSONVILLE, FL 322072246

Title:

Name: SHOEMAKER, KELLYE A

Address: PO BOX 151057

City-St-Zip: ALTAMONTE SPRINGS, FL 327151057

Title:

Name: GRINDAL, ERIK B

Address: 18503 PINES BLVD, STE 315 City-St-Zip: PEMBROKE PINES, FL 330291410

Title:

 Name:
 MCAULEY, SANDRA T

 Address:
 6245 SWEET MAPLE LN

 City-St-Zip:
 BOCA RATON, FL 334331932

Title: D

Name: LONGO, PAOLO

Address: 135 W CENTRAL BLVD, STE 1100

City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE A. GONZALEZ TREA 01/10/2010