

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18810 (4)
1. Corporation Name
CONSORTIUM OF SOUTH EASTERN LAW LIBRARIES, INC.

Principal Place of Business Mailing Address
PO BOX 8617 KNOXVILLE TN 37996-0002 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1987** 3a. Date of Last Report **02/16/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. The corporation has liability for intangible tax under S. 1B9.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**ROEHRENBECK, CAROL
NOVA UNIVERSITY LAW LIBRARY
3100 SW 9TH AVENUE
FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent
81. Name **Schroeder, Edwin M.**
82. Street Address (P.O. Box Number is Not Acceptable) **Florida State Univ Law Library**
83. **425 West Jefferson**
84. City **Tallahassee** FL 85. Zip Code **32306-1043**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/24/95**
Signature, typed or printed name of registered agent and title if applicable. WHERE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	LEITER, RICHARD
STREET ADDRESS	REGENT UNIV. LAW LIBRARY N/A
CITY - ST - ZIP	VIRGINIA BCH. VA
TITLE	T
NAME	BEINTEMA, WILLIAM J.
STREET ADDRESS	UNIV. OF TENNESSEE LAW LIBRARY N/A
CITY - ST - ZIP	KNOXVILLE TN
TITLE	S
NAME	ENSIGN, DAVID
STREET ADDRESS	UNIV. OF LOUISVILLE LAW LIBRARY N/A
CITY - ST - ZIP	LOUISVILLE KY
TITLE	D
NAME	CLAPP, LAUREL
STREET ADDRESS	SAMFORD UNIV. LAW LIBRARY N/A
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	D
NAME	EDMONDS, EDMUND
STREET ADDRESS	LOYOLA UNIV. LAW LIBRARY N/A
CITY - ST - ZIP	NEW ORLEANS LA
TITLE	D
NAME	RILEY, CAMILLE
STREET ADDRESS	WEST VIRGINIA UNIV (LAW)
CITY - ST - ZIP	MORGANTOWN WV

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jefferies, Deborah	
1.3 STREET ADDRESS	NC Central Univ Law Library	
1.4 CITY - ST - ZIP	Durham, NC 27707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Coggins, Timothy L.	
3.3 STREET ADDRESS	Univ of Alabama Law Library	
3.4 CITY - ST - ZIP	Tuscaloosa, AL 35487-0383	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sanderson, Rosalie M.	
4.3 STREET ADDRESS	Univ of Florida Law Library	
4.4 CITY - ST - ZIP	Gainesville, FL 32611	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Aranas, Pauline M.	
5.3 STREET ADDRESS	Vanderbilt Univ Law Library	
5.4 CITY - ST - ZIP	Nashville, TN 37240	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **04-21-95** (615) 974-4381
Signature, typed or printed name of signing officer or director Date Daytime Phone #