


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18810 (4)
1. Corporation Name

CONSORTIUM OF SOUTH EASTERN LAW LIBRARIES, INC.

Principal Place of Business	Mailing Address
P.O. Box 8617 Knoxville, TN 37996-0002 US	P.O. Box 8617 Knoxville, TN 37996 US

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

3. Date Incorporated or Qualified
01/20/1987

4. FEI Number	Applied For
NOT APPLICABLE	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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Schroeder, Edwin M.
Fla. State Univ. Law Library
425 West Jefferson
Tallahassee, FL 32306

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P Sanderson, Rosalie M.
STREET ADDRESS		1.3 STREET ADDRESS	Emory Univ. Law Library
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Atlanta, GA 30322
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V Aranas, Pauline
STREET ADDRESS		2.3 STREET ADDRESS	Vanderbilt Univ. Law Library
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S Strohmeier, Nancy
STREET ADDRESS		3.3 STREET ADDRESS	Loyola Univ. Law Library
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New Orleans, LA 70118
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T Beintema, William J.
STREET ADDRESS		4.3 STREET ADDRESS	Univ. of Tennessee Law Library
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Knoxville, TN 37996-1800
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Cihak, Herb
STREET ADDRESS		5.3 STREET ADDRESS	Univ. of Kentucky Law Library
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lexington, KY 40506-0048
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D Most, Marguerite
STREET ADDRESS		6.3 STREET ADDRESS	Univ. of North Carolina Law Library
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chapel Hill, NC 27514

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)