

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90110 017 ****61.25

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DOCUMENT # N18810

1. Corporation Name

CONSORTIUM OF SOUTH EASTERN LAW LIBRARIES, INC.

Principal Place of Business

PO BOX 8617
KNOXVILLE TN 37996-0002
US

Mailing Address

PO BOX 8617
KNOXVILLE TN 37996-0002
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/20/1987

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

9. Name and Address of Current Registered Agent

SCHROEDER, EDWIN M
FLA. STATE UNIV. LAW LIBRARY
425 WEST JEFFERSON
TALLAHASSEE FL 32306

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STROHMEYER, NANCY
LOYOLA UNIV. LAW LIBRARY
NEW ORLEANS LA 70118

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
BEINTEMA, WILLIAM J.
UNIV. OF TENNESSEE LAW LIBRARY N/A
KNOXVILLE TN 37996-1800

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CIHAK, HERB
UNIV. OF KENTUCKY LAW LIBRARY
LEXINGTON KY 40506-0048

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANDERSON, ROSALIE M
EMORY UNIV. LAW LIBRARY
ATLANTA GA 30322

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARANAS, PAULINE M.
VANDERBILT UNIV. LAW LIBRARY N/A
NASHVILLE TN 37203

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOST, MARGUERITE
UNIV. OF NORTH CAROLINA LAW LIBRARY
CHAPEL HILL NC 27514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)