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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31647

1. Corporation Name

SOUTHEASTERN CHAPTER OF THE AMERICAN ASSOCIATION OF LAW LIBRARIES, INC.

Principal Place of Business

%ST THOMAS UNIV LAW LIBRARY
16400 NW 32ND AVE
MIAMI FL 33054
US

Mailing Address

%ST THOMAS UNIV LAW LIBRARY
16400 NW 32ND AVE
MIAMI FL 33054
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/11/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	58-1592266
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TEJEDA, PAULA
ST. THOMAS UNIV LAW LIBRARY
16400 NW 32ND AVE
MIAMI FL 33054

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0002 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUSCH, DONNA	1.2 NAME	PD
STREET ADDRESS	1300 DOMINION TOWER, 999 WATERSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCKLEY, STEVEN	2.2 NAME	D
STREET ADDRESS	3401 N FAIRFAX DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22201	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBALDISTON, DIANA	3.2 NAME	
STREET ADDRESS	UNIV OF SOUTH CAROLINA COLEMAN & GREEN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS SC 29108	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LADD	4.2 NAME	Sally Wambold
STREET ADDRESS	217 UPLAND RD	4.3 STREET ADDRESS	Technical Services Librarian
CITY-ST-ZIP	BLACKSBURG PA 24060	4.4 CITY-ST-ZIP	Univ. of Richmond School of Law Library
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD Catherine Lemann
NAME	BURCH, SUE	5.2 NAME	Electronic Serv. Librarian
STREET ADDRESS	620 SOUTH LIMESTONE STREET	5.3 STREET ADDRESS	Law Library of Louisiana, Sup. Ct. Room 100
CITY-ST-ZIP	LEXINGTON KY 40506	5.4 CITY-ST-ZIP	301 Loyola Ave. New Orleans, LA 70112
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Kathy Crossin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ref. Librarian, Kilpatrick & Stockton
STREET ADDRESS		6.3 STREET ADDRESS	1100 Peachtree St. Suite 2800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30309-4530

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

804.289.8226

Daytime Phone #

CR2E037 (11/98)