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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N38908 (2)

1. Corporation Name

AMERICAN ACADEMY OF APPELLATE LAWYERS, INC.

Principal Place of Business	Mailing Address
~~6501 COLUMBIA CENTER~~ ~~701 5TH AVENUE~~ ~~SEATTLE WA 98104~~ ~~US~~	~~6501 COLUMBIA CENTER~~ ~~701 5TH AVENUE~~ ~~SEATTLE WA 98104~~ ~~US~~

3. Date Incorporated or Qualified: 06/28/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 9053 Shady Grove Ct.
22 Suite, Apt. #, etc.
23 City & State: Gaithersburg, MD
24 Zip: 20877 25 Country: USA

2a. Mailing Address
26 9053 Shady Grove Ct.
27 Suite, Apt. #, etc.
28 City & State: Gaithersburg, MD
29 Zip: 20877 30 Country: USA

4. FEI Number: 65-0250632 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATE INFORMATION SERVICES INC
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ P D ~~WALBOLT, SYLVIA~~ ~~BARNETT TOWER 23RD FLOOR 200 CENTRAL AVE.~~ ST. PETERSBURG FL 33701	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P D Sylvia H. Walbolt Barnett Plaza Tower, Suite 2300 St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~SVETCOV, SANFORD~~ ~~350 STEWART STREET~~ ~~SAN FRANCISCO CA 94105~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T D Sanford Svetcov 350 Stewart ST. San Francisco, CA 94105-1250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~HARRISON, MARK I.~~ ~~2800 N. CENTRAL AVE., 21ST FLOOR~~ ~~PHOENIX AR~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S D Eric J. Magnuson 333 South Seventh St. Minneapolis, MN 55402	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MUNFORD, LUTHER T~~ ~~200 S. LAMAR STREET, STE. 500~~ ~~JACKSON MS~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P D Luther T. Munford 200 S. Lamar St., Suite 500 Jackson, MS 39201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~KIONKA, EDWARD J.~~ ~~218 LESAR LAW BLDG~~ ~~CARBONDALE IL 62901-6804~~	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Michael E. Tigar 727 East 26th St. Austin, TX 78705-3299	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~EDWARDS, MALCOLM L.~~ ~~701 5TH AVE., 6501 COLUMBIA CENTER~~ ~~SEATTLE WA~~	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D James T. Ferrini 10 South LaSalle St. Chicago, IL 60603-1098	☐ Change ☒ Addition

CR2E037 (12/95)

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 119.07(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 on an attachment with an address.

SIGNATURE: Luther T. Munford 1-24-96 (601) 352-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Luther T. Munford