FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N38908

(2)

AMERICAN ACADEMY OF APPELLATE LAWYERS, INC.

Principal Place of Business					Mailing Address							#1 7811 W 1811 W	****	******	
9053 SHADY GROVE CT GAITHERSBURG MD 20877 US				9053 SHADY GROVE CT GAITHERSBURG MD 20877-1301 US											
			U						3	3. Date Incorporated or Qualified 3a. Date of Last Re 06/28/1990 02/19/198					
2. Principal P	lace of Busin	2a.	2a. Mailing Address					4	4. FEI Number				plied For		
21 15245	Shady	26	26 15245 Shady Grove				Road	1	65-0250632		Not Applicable				
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						Certificate of Status Desired		\$8.	.75 A	dditional	
22 Suite			27	I = 1						Continuate of Status Desired		F	ee Re	quired	
City & State					City & State					6	6. Election Campaign Financing \$5.00 May Bo				
23 Rockville, MD					28 Rockville, MD						Trust Fund Contribution		A	ded to	o Fees
Zip		Country	<u> </u>	Zip Cox						This corporation has liability for			der s.	199.032,	
24 20850		25	USA	29	20850	3(JS/	<u> </u>			Yes			
Name and Address of Current Registered Agent									Name	10). Name and Address of New F	egistered	Agent		
								61	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET							82	Street	Address (fress (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525															
							-	84	City					Zip C	ada.
							ŀ	-	•			FL		-	
11. Pursuant	to the provis	ions	of Sections 617.050	2 and 6	17.1508, Florida Statu	utes	, the ab	ove	-named	corporati	on submits this statement for the board of directors. I hereby acc	purpose o	f chan	ging its	registered
office or i agent. La	registered aç am familiar w	jent, ith. a	or both, in the State nd accept the obliga	of Flori Blions o	da. Such change was f. Section 617.0503. F	aut Iori	thorized da Stati	ı by Jtes	the corp	poration's	board of directors. I hereby acc	ept the app	xointme	intasi	registered
SIGNATURE					,										
SIGNATORIE	Signature, types	or pre	nted name of registered age)TE: F		Age	ni signature	required who	en reinstating)	DATE			
12.			OFFICERS AND	D DIRE			13.			·	ADDITIONS/CHANGES TO OFF	ICERS AND	-		
TITLE	PD				DELETE		1.1 111						L_J Ch	ange	Addition
NAME	***************************************				1.21			ME							
STREET ADDRESS BARNETT PLAZA TOWER, SUT				ЛЕ 2	IE 2300 1.35			REET	ADDRESS						
CITY-ST-ZIP		TER	SBURG FL				1.4 CI		*********			·	- 1		
TITLE	TD				DELETE		2.1][[LE		VD			K) Ch	ange	Addition
NAME	SVETCOV, SANFORD						2.2 NA	ME			ov, Sanford				
STREET ADDRESS		AT STREET		2.3 \$				ADDRESS	350 S	tewart Street					
CiTY-ST-ZIP		RANG	CISCO CA				2.4 CI		T-ZIP	San F	rancisco, CA 941	05-125	_بون		
TITLE	SD				☐ DELETE		3.1 TIT			TD			Ch	ange	Addition
NAME			N, ERIC J.	_			3.2 NA	ME		Magnu	son, ERic J.				
STREET ADDRESS			I SEVETH STREET	Γ			3.3 ST	REET	ADDRESS	333 s	. 7th Street				
CITY-ST-ZIP	MINNE	<u>apo</u>	LIS MN				3.4. CI	TY-S	T-ZIP		apolio, MN 55402				
TITLE	PD				☐ DELETE		4.1 70	LE		ļ	.apo+10; 111 22401		C	lange	Addition
NAME			LUTHER T.				4.2 N	ME	ļ	j					
STREET ADDRESS			iar street, ste.	. 500			4.3 ST	REET	address	1					
CITY-ST-ZIP	JACKS	ON I	MS				4.4 CI		T-ZIP				<u> </u>		-
TITLE	D				DELETE		5.1 "1	LE		D			. Ci	ange	X Addition
NAME			HAEL E.		- •		5.2 NA			Bass,	Kenneth III				
STREET ADDRESS	727 EA	ST 2	26TH STREET				5.3 ST	REET.	ADDRESS	1201	New York Avenue, ngton, DC 20005-	NW, #1	.000		
City, St. 7ip	AUSTIN						54.00	Y. \$1	T-71P	Washi	ngton, DC 20005~	3917			

14. I do hereby certify that the information supplied with this filing does not quality 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

FERRINI, JAMES T.

CHICAGO IL

10 SOUTH LASALLE STREET

TIFLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 07 1997 8:00am

Secretary of State

Change

Addition