FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # **N38908** (2)

1. Corporation Name

AMERICAN ACADEMY OF APPELLATE LAWYERS, INC.

Principal Place of Business	Mailing Address
15245 SHADY GROVE ROAD STE 130 ROCKVILLE MD 20850 US	15245 SHADY GROVE ROAD STE 130 ROCKVILLE MD 20850 US

3. Date Incorporated or Qualified: 06/28/1990

4. FEI Number: 65-0250632 ☐ Applied For ☐ Not Applicable

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

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	PD	☐ DELETE	1.1 TITLE	Immediate Past President	☒ Change ☐ Addition
NAME	WALBOLT, SYLVIA H.		1.2 NAME		
STREET ADDRESS	BARNETT PLAZA TOWER, SUTIE 2300		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	SANFORD, SVETCOV		2.2 NAME		
STREET ADDRESS	350 STEWART ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 50		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	President Elect	☒ Change ☐ Addition
NAME	MAGNUSON, ERIC J.		3.2 NAME		
STREET ADDRESS	333 SO 7TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	MUNFORD, LUTHER T.		4.2 NAME		
STREET ADDRESS	200 S. LAMAR STREET, STE. 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BASS, KENNETH III		5.2 NAME		
STREET ADDRESS	1201 NEW YORK AVE. NW STE 1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 17		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Treasurer Alan B. Morrison	☐ Change ☒ Addition
NAME	FERRINI, JAMES T.		6.2 NAME		
STREET ADDRESS	10 SOUTH LASALLE STREET		6.3 STREET ADDRESS	1600 20th St NW	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	WASHINGTON DC 20009	

CR2E037 (10/97)

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: Alan B. Morrison Alan B. Morrison 1/21/98 202 588 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #