

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004177

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: AMERICAN COLLEGE OF CIVIL TRIAL MEDIATORS, INC.

**Current Principal Place of Business:**

C/O S.C. SAWICKI  
20 NORTH ORANGE AVE., SUITE 600  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O S.C. SAWICKI  
20 NORTH ORANGE AVE., SUITE 600  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-3373619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WATSON, LAWRENCE M JR.  
C/O UPCHURCH, WATSON, WHITE & MAX  
1060 MAITLAND CENTER COMMONS #440  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CONNOR, LAURENCE D  
Address: 400 RENAISSANCE CTR, SUITE 2300  
City-St-Zip: DETROIT, MI 48243

Title: D      ( ) Delete  
Name: NAUYOKAS, MICHAEL F  
Address: 733 BISHOP STREET, SUITE 2300  
City-St-Zip: HONOLULU, HI 96813

Title: STM      ( ) Delete  
Name: SAWICKI, STEPHEN C  
Address: 20 NORTH ORANGE AVE., SUITE 600  
City-St-Zip: ORLANDO, FL 32801

Title: PD      ( ) Delete  
Name: LAIT, HAYDEN D  
Address: 266 FRONT STREET, SUITE 206  
City-St-Zip: MEMPHIS, TN 38103

Title: D      ( ) Delete  
Name: RUBIN, MELVIN A  
Address: 111 MAJORCA AVENUE, SUITE A  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      ( ) Delete  
Name: TYGART, S. THOMPSON  
Address: SUITE B-6, PARK POINTE, 4741 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 3207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: TYGART, S. THOMPSON  
Address: SUITE B-6, PARK POINTE, 4741 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN C. SAWICKI

D

01/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date