

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004177

FILED
Feb 23, 2007
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 32207

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

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

STM

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date