

**FOR CORRECTIONS OR CHANGES IN LISTINGS
PLEASE FILL OUT AND RETURN TO:**

**GULF COAST LEGAL PROFESSIONALS
ATTN: LEGAL DIRECTORY CHAIRMAN
P.O. BOX 644
GULFPORT, MS 39502**

DATE: _____

NAME: _____

MS STATE BAR NUMBER: _____

FIRM NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

OTHER: _____

Your cooperation and assistance in maintaining an accurate listing is appreciated.
Forward a new form as each change occurs, and please forward information for each
attorney practicing in your firm.