

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732115

FILED
Jul 06, 2004
Secretary of State**Entity Name:** SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.**Current Principal Place of Business:**DEPT. OF PSYCHOLOGY
UNIVERSITY OF ROCHESTER
ROCHESTER, NY 14627**New Principal Place of Business:****Current Mailing Address:**DEPT. OF PSYCHOLOGY
UNIVERSITY OF ROCHESTER
ROCHESTER, NY 14627**New Mailing Address:****FEI Number:** 59-1667323**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LATANE, BIBB PH.D.
4521 SOUTH OCEAN BLVD. #6
HIGHLAND BEACH, FL 33487 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: P () Delete
Name: BLASCOVICH, JAMES
Address: DEPT. OF PSYCH/UCSB
City-St-Zip: SANTA BARBARA, CA 93106

Title: EOD () Delete
Name: REIS, HARRY
Address: DEPT. PSYCHOLOGY, U OF ROCHESTER
City-St-Zip: ROCHESTER, NY 14627

Title: STD () Delete
Name: ZEBROWITZ, LESLIE
Address: DEPT OF PSYCH/BRANDES UNIV
City-St-Zip: WALTHAM, MA 02454

Title: D () Delete
Name: FUNDER, DAVID
Address: DEPT OF PSYCH/UNIV OF CALIFORNIA
City-St-Zip: RIVERSIDE, CA 92521

Title: PE () Delete
Name: MARKUS HAZEL, ROSE
Address: DEPT. OF PSYCH/STANFORD UNIV.
City-St-Zip: STANFORD, CA 943052130

Title: D () Delete
Name: HARACKIWICZ, JUDITH
Address: DEPT. OF PSYCH/UNIV. OF WISCONSIN
City-St-Zip: MADISON, WI 53706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: BLASCOVICH, JAMES
Address: DEPT. OF PSYCH/UCSB
City-St-Zip: SANTA BARBARA, CA 93106

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

Title: STD (X) Change () Addition
Name: WILSON, TIM
Address: DEPT OF PSYCH/ UNIV VIRGINIA
City-St-Zip: CHARLOTTESVILLE, VA 22904

Title: PE (X) Change () Addition
Name: CLARK, MARGARET
Address: CARNEGIE MELLON UNIV
City-St-Zip: PITTSBURGH, PA 15213

Title: P (X) Change () Addition
Name: MARKUS HAZEL, ROSE
Address: DEPT. OF PSYCH/STANFORD UNIV.
City-St-Zip: STANFORD, CA 943052130

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 Section 119.07(3)(i), 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: HARRY T REIS

EO

07/06/2004

Electronic Signature of Signing Officer or Director

Date