

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005306

FILED
Jun 23, 2009
Secretary of State

Entity Name: HIGH PRESSURE SCIENCE SOCIETY OF AMERICA CORPORATION

Current Principal Place of Business:

CESMEC, VH-140, FLORIDA INTERNATIONAL UNIV
UNIVERSITY PARK, SW11200 AVE
MIAMI, FL 33199

New Principal Place of Business:

Current Mailing Address:

CESMEC, VH-140, FLORIDA INTERNATIONAL UNIV
UNIVERSITY PARK, SW11200 AVE
MIAMI, FL 33199

New Mailing Address:

FEI Number: 36-4635785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAXENA, MAYA
SAXENA-WHITE PA
2424 N FEDERAL HIGHWAY, SUITE 257
BOCA RATON, FL 33431 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: SAXENA, S.K. DR.
Address: CESMEC, FIU, UNIVERSITY PARK
City-St-Zip: MIAMI, FL 33199

Title: S () Delete
Name: CHEN, J DR.
Address: CESMEC, FIU, UNIVERSITY PARK
City-St-Zip: MIAMI, FL 33199

Title: T () Delete
Name: DURYGIN, A DR.
Address: CESMEC, FIU, UNIVERSITY PARK
City-St-Zip: MIAMI, FL 33199

Title: D () Delete
Name: MAO, H K DR.
Address: GEOPHYSICAL LABORATORY, CIW
City-St-Zip: WASHINGTON, DC

Title: D () Delete
Name: HEMLEY, R DR.
Address: GEOPHYSICAL LABORATORY, CIW
City-St-Zip: WASHINGTON, DC

Title: D () Delete
Name: SHEN, G DR.
Address: HPCAT, ADVANCED PHOTON SOURCE, ARGONNE
City-St-Zip: ARGONNE, IL

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 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: SURENDRA K. SAXENA

PROF

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date