2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State
02-09-2001 90765 020 ****61.25

DOCUMENT # N38524

1. Entity Name

TEXT AND ACADEMIC AUTHORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
124 DAVIS HALL UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG FL 33701 US	124 DAVIS HALL UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG FL 33701 US

714581

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
121 DAVIS HALL	121 DAVIS HALL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3013967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER, JANET N. 124 DAVIS HALL UNIVERSITY OF SOUTH FLORIDA ST PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) 121 DAVIS HALL City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STANFIELD, PEGGY 794 BOLTON ST TWIN FALLS ID 83301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWITZER, MARY KAY CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA CA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SULLIVAN, MICHAEL 9529 TRIPP OAK LAWN IL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRIS, KAREN 25 SCHOOL HOUSE LN ROCHESTER NY 14618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLEN, STEVE 2500 PNC CENTER CINCINNATI OH 45202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M PYNN, RONALD E. UNIVERSITY OF NORTH DAKOTA GRAND FORKS ND ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald E Pynn RONALD E PYNN Ronald E Pynn 2/6/01 727-~~863~~ 1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #