

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90148 010 ****61.25

DOCUMENT # P34997

1. Entity Name
FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.



Principal Place of Business

**UNIVERSITY OF FLORIDA
3089-3094 WEINER HALL
GAINESVILLE FL 32611-8400
US**

Mailing Address

**UNIVERSITY OF FLORIDA
P O BOX 118400
GAINESVILLE FL 36211-8400
US**

60018791



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **13-6161619**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELTON, JOHN W
UNIVERSITY OF FLORIDA
3089 WEIMER HALL
GAINESVILLE FL 32611-8400**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> Delete
NAME	WHITE, W. WARD	
STREET ADDRESS	720 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	P	<input type="checkbox"/> Delete
NAME	FELTON, JOHN W	
STREET ADDRESS	3089 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	CC	<input type="checkbox"/> Delete
NAME	OVAITT, FRANK JR	
STREET ADDRESS	2010 CORPORATE RIDGE STE 700	
CITY-ST-ZIP	MC LEAN VA 22102	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRAUS, MARGERY	
STREET ADDRESS	1615 L STREET NW, STE 700	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Handwritten Signature]*

4/10/03 352392 0280

CR2E037 (10/02)