

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27464

**Entity Name:** FLORIDA ARTIFICIAL INTELLIGENCE RESEARCH SOCIETY, INC.

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC6897803396**

**Current Principal Place of Business:**

UNIVERSITY OF MIAMI  
1365 MEMORIAL DRIVE 445 UNGAR BUILDING  
CORAL GABLES, FL 33146

**Current Mailing Address:**

COMPUTER SCIENCE, PO BOX 248154  
CORAL GABLES, FL 33124 US

**FEI Number: 59-2905543**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALLER, SUSAN PHD  
UNIVERSITY OF MIAMI  
1365 MEMORIAL DRIVE 445 UNGAR BUILDING  
CORAL GABLES, FL 33146 US

*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: SUSAN HALLER**

**02/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LANE, CHAD L PHD  
Address 470 SUMMIT TREE CT.  
City-State-Zip: FENTON MO 63026

Title PRESIDENT  
Name SUTCLIFFE, GEOFF PHD  
Address 2756 DAY AVE  
#404  
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER  
Name HALLER, SUSAN M PHD  
Address 16 HOWELL ST  
City-State-Zip: CANANDAIGUA NY 14424

Title VP  
Name WILSON, DAVID PHD  
Address 9201 UNIVERSITY CITY BOULEVARD  
City-State-Zip: CHARLOTTE NC 28223

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN HALLER**

**TREASURER**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date