

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

DOCUMENT# F12000004293

**Entity Name:** SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR, INC.**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC0375850357****Current Principal Place of Business:**SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR  
825 LELAND AVE. APT.2N  
ST. LOUIS, MO 63130**Current Mailing Address:**SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR  
825 LELAND AVE. APT.2N  
ST. LOUIS, MO 63130 US**FEI Number: 35-1088740****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WUNDERLICH, KARA L  
DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF FLORIDA  
GAINESVILLE, FL 32611 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: KARA L. WUNDERLICH****04/28/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PC
Name	ODUM, AMY PHD
Address	DEPARTMENT OF PSYCHOLOGY 2810 OLD MAIN HILL UTAH STATE UNIVERSITY
City-State-Zip:	LOGAN UT 84322
Title	S
Name	SHAHAN, TIMOTHY PHD
Address	DEPARTMENT OF PSYCHOLOGY 2810 OLD MAIN HILL UTAH STATE UNIVERSITY
City-State-Zip:	LOGAN UT 84322
Title	ASST. SECRETARY
Name	CORCORAN, SHARON
Address	SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR 825 LELAND AVE. APT.2N
City-State-Zip:	ST. LOUIS MO 63130

Title	VPVC
Name	THOMPSON, RACHEL PHD
Address	NEW ENGLAND CTR FOR CHILDREN 33 TURNPIKE RD
City-State-Zip:	SOUTHBORO MA 01772
Title	ST
Name	ROANE, HENRY S PHD
Address	DEPTS OF PEDIATRICS AND PSYCHIATRY SUNY UPSTATE MEDICAL UNIVERSITY 750 E. ADAMS STREET
City-State-Zip:	SYRACUSE NY 13210
Title	D
Name	ALSOP, BRENT PHD
Address	UNIV OF OTAGO,DEPT OF PSY, P O BOX 56
City-State-Zip:	DUNEDIN, NEW ZEALAND

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: SHARON CORCORAN****ASST.  
SECRETARY/TREASURER****04/28/2015**

