

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004293

Entity Name: SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR, INC.**FILED**
Feb 03, 2014
Secretary of State
CC3211911893**Current Principal Place of Business:**6503 EAST STATE RD 46
BLOOMINGTON, IN 47401**Current Mailing Address:**6503 EAST STATE RD46
BLOOMINGTON, IN 47401**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**02/03/2014**

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 AS/T
Name BONNER, MONICA
Address 6503 E STATE RD 46
City-State-Zip: BLOOMINGTON IN 47401

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: MONICA A. BONNER**ASSISTANT
SECRETARY/ASSISTANT
TREASURER****02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date