

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

00817293

05-22-2001 90011 027 ****61.25

DOCUMENT # 718381

1. Entity Name

SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business

DEPT. OF ENGLISH, UNC CHARLOTTE
 9201 UNIVERSITY CITY BLVD
 CHARLOTTE NC 28223-0001
 US

Mailing Address

DEPT. OF ENGLISH, UNC CHARLOTTE
 9201 UNIVERSITY CITY BLVD
 CHARLOTTE NC 28223-0001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1188009

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHU, CHAUNCEY C
3403 NW 7TH PLACE
GAINESVILLE FL 32607

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.

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 Delete
 NAME **DST**
THIEDE, RALF
 STREET ADDRESS **DEPT. OF ENGLISH, UNC CHARLOTTE**
 CITY-ST-ZIP **CHARLOTTE NC 28223-0001**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
MAYNOR, NATALIE
 STREET ADDRESS **DEPT. OF ENGLISH, MISSISSIPPI STATE U**
 CITY-ST-ZIP **MISSISSIPPI STATE MS 39762-5505**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
BERNSTEIN, CYNTHIA G
 STREET ADDRESS **DEPT OF ENGLISH, U OF MEMPHIS**
 CITY-ST-ZIP **MEMPHIS TN 38152**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SANDERS, SARA L
 STREET ADDRESS **DEPT OF ENGLISH, COASTAL CAROLINA U**
 CITY-ST-ZIP **CONWAY SC 29526**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BAILEY, GUY
 STREET ADDRESS **PROVOST, U TEXAS AT SAN ANTONIO**
 CITY-ST-ZIP **SAN ANTONIO TX 78249-0643**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MONTGOMERY, MICHAEL
 STREET ADDRESS **DEPT OF ENGLISH, U OF SC**
 CITY-ST-ZIP **COLUMBIA SC 29208**

TITLE Change 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:

SIGNATURE REQUIRED

Ralf Thiede

5-1-01

704.687.4227

CR2E037 (10/00)