

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90102 034 ****61.25

DOCUMENT # 718381

1. Entity Name

SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business

Mailing Address

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

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

80137222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1188009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

TRAMMELL, ROBERT L.

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

18912 CANDLEWICK DR.

City

BOCA RATON

FL

Zip Code
33496-5002

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

Ralf Thiede
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9-3-02

DATE

After September 13, 2002,
min. will be \$236.25.

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	DST	<input type="checkbox"/> Delete
NAME	THIEDE, RALF	
STREET ADDRESS	DEPT. OF ENGLISH, UNC CHARLOTTE	
CITY-ST-ZIP	CHARLOTTE NC 28223-0001	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MAYNOR, NATALIE	
STREET ADDRESS	DEPT. OF ENGLISH, MISSISSIPPI STATE U	
CITY-ST-ZIP	MISSISSIPPI STATE-MS-39762-5505	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, CYNTHIA G	
STREET ADDRESS	DEPT OF ENGLISH, U OF MEMPHIS	
CITY-ST-ZIP	MEMPHIS TN 38152	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, SARA L	
STREET ADDRESS	DEPT OF ENGLISH, COASTAL CAROLINA U	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, GUY	
STREET ADDRESS	PROVOST, U TEXAS AT SAN ANTONIO	
CITY-ST-ZIP	SAN ANTONIO TX 78249-0643	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MICHAEL	
STREET ADDRESS	DEPT OF ENGLISH, U OF SC	
CITY-ST-ZIP	COLUMBIA SC 29208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, CYNTHIA G.	
STREET ADDRESS	DEPT. OF ENGLISH, U OF MEMPHIS	
CITY-ST-ZIP	MEMPHIS TN 38152	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLE, STEPHEN J.	
STREET ADDRESS	P.O. BOX 261954, COASTAL CAROLINA U	
CITY-ST-ZIP	CONWAY SC 29528-6054	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICONE, MICHAEL D.	
STREET ADDRESS	DEPT. MOD. LANGS. & CLASSICS, U OF ALABAMA	
CITY-ST-ZIP	TUSCALOOSA AL 35487-0246	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEBLY, CYNTHIA	
STREET ADDRESS	SCHOOL OF ARTS & SCIENCES, U OF HOUSTON - VICTORIA	
CITY-ST-ZIP	VICTORIA TX 77901-5731	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: *S. Schaub* REGRALF THIEDE

9-3-02

704.687.4227