

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