

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 718381

FILED
May 01, 2003
Secretary of State

Entity Name: SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Current Principal Place of Business:

DEPT. OF ENGLISH, UNC CHARLOTTE
9201 UNIVERSITY CITY BLVD
CHARLOTTE, NC 282230001 US

New Principal Place of Business:

Current Mailing Address:

DEPT. OF ENGLISH, UNC CHARLOTTE
9201 UNIVERSITY CITY BLVD
CHARLOTTE, NC 282230001 US

New Mailing Address:

FEI Number: 62-1188009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAMMELL, ROBERT L
18912 CANDLEWICK DR
BOCA RATON, FL 334965002 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: THIEDE, RALF
Address: DEPT. OF ENGLISH, UNC CHARLOTTE
City-St-Zip: CHARLOTTE, NC 282230001 US

Title: PD () Delete
Name: BERNSTEIN, CYNTHIA G
Address: DEPT OF ENGLISH U OF MEMPHIS
City-St-Zip: MEMPHIS, TN 38152

Title: DV () Delete
Name: NAGLE, STEPHEN J
Address: PO BOX 261954
City-St-Zip: CONWAY, SC 295286054

Title: D () Delete
Name: PICONE, MICHAEL D
Address: DEPT MOD LANGS & CLASSICS U OF AL
City-St-Zip: TUSCALOOSA, AL 354870246

Title: D () Delete
Name: SCHNEBLY, CYNTHIA
Address: SCHL OF ARTS SCIENCES U OF HOUSTON
City-St-Zip: VICTORIA, TX 779015731

Title: D () Delete
Name: MONTGOMERY, MICHAEL
Address: DEPT OF ENGLISH, U OF SC
City-St-Zip: COLUMBIA, SC 29208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: NAGLE, STEPHEN J
Address: P.O. BOX 261954, COASTAL CAROLINA U
City-St-Zip: CONWAY, SC 295286054

Title: VD (X) Change () Addition
Name: DAVIES, CATHERINE E
Address: DEPT. OF ENGLISH, BOX 870244, U OF AL
City-St-Zip: TUSCALOOSA, AL 354870244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLACKWELL, ALEKA
Address: DEPT. OF ENGLISH, MIDDLE TN SU
City-St-Zip: MURFREESBORO, TN 37132

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RALF THIEDE

_____ Electronic Signature of Signing Officer or Director

DST

05/01/2003

_____ Date