

# 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