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Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90042 031 *****61.25

DOCUMENT # 727431

1. Corporation Name

AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Principal Place of Business

AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611
US

Mailing Address

AAPS P.O. BOX 14095
UNIVERSITY STATION
GAINESVILLE FL 32604
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/11/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, WILLIAM S. JR.
AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

NO CHANGE SIGNED BY ACCIDENT

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

US SIGNATURE

William S. Brown, Jr.

William S. Brown, Jr. 1/15/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: VD
NAME: EDWARDS, MARY LOUISE
STREET ADDRESS: SYRACUSE UNIVERSITY
CITY-ST-ZIP: SYRACUSE NY

TITLE: PD
NAME: HOPT, JENNY
STREET ADDRESS: UNIV OF ARIZONA
CITY-ST-ZIP: TUCSON AR

TITLE: D
NAME: BLESS, DIANE
STREET ADDRESS: UNIV OF WISCONSIN
CITY-ST-ZIP: MADISON WI

TITLE: D
NAME: FLEGE, JAMES
STREET ADDRESS: UNIV OF ALABAMA BIRMINGHAM
CITY-ST-ZIP: BIRMINGHAM AL

TITLE: SD
NAME: BROWN, W S, JR
STREET ADDRESS: UNIVERSITY OF FLA
CITY-ST-ZIP: GAINESVILLE, FL 00000

TITLE: D
NAME: THOMAS MURRY
STREET ADDRESS: UNIVERSITY OF PITTSBURGH
CITY-ST-ZIP: PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME: NOT APPLICABLE
1.3 STREET ADDRESS: NOT APPLICABLE
1.4 CITY-ST-ZIP: NOT APPLICABLE

2.1 TITLE: Change Addition
2.2 NAME: NOT APPLICABLE
2.3 STREET ADDRESS: NOT APPLICABLE
2.4 CITY-ST-ZIP: NOT APPLICABLE

3.1 TITLE: Change Addition
3.2 NAME: NOT APPLICABLE
3.3 STREET ADDRESS: NOT APPLICABLE
3.4 CITY-ST-ZIP: NOT APPLICABLE

4.1 TITLE: Change Addition
4.2 NAME: NOT APPLICABLE
4.3 STREET ADDRESS: NOT APPLICABLE
4.4 CITY-ST-ZIP: NOT APPLICABLE

5.1 TITLE: Change Addition
5.2 NAME: NOT APPLICABLE
5.3 STREET ADDRESS: NOT APPLICABLE
5.4 CITY-ST-ZIP: NOT APPLICABLE

6.1 TITLE: Change Addition
6.2 NAME: NOT APPLICABLE
6.3 STREET ADDRESS: NOT APPLICABLE
6.4 CITY-ST-ZIP: NOT APPLICABLE

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. Brown, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 352-392-2034

Date

Daytime Phone #

CR2E037 (11/98)