

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727431

1. Entity 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, MARY L	
STREET ADDRESS	SYRACUSE UNIVERSITY	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASHIE, JAMES	
STREET ADDRESS	GALLAUDET UNIVERSITY	
CITY-ST-ZIP	TUCSON AR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLESS, DIANE	
STREET ADDRESS	UNIV OF WISCONSIN	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLEGE, JAMES	
STREET ADDRESS	UNIV. OF ALABAMA BIRMINGHAM	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, W S, JR	
STREET ADDRESS	UNIVERSITY OF FLA	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMIG, L	
STREET ADDRESS	UNIVERSITY OF COLORADO	
CITY-ST-ZIP	BOULDER CO	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Scherer	
STREET ADDRESS	Bowling Green Univ.	
CITY-ST-ZIP	Bowling Green, Ohio 43403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: WILLIAM S. BROWN, JR. Ex. Sec. 1/11/01 352-392-2034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90147 021 ****61.25

00006330



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)