

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90015 016 ****61.25

0004689

DOCUMENT # 727431

1. Entity Name

AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Principal Place of Business

Mailing Address

AAPS 63 DAUER HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

[Handwritten 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, MARY L	
STREET ADDRESS	SYRACUSE UNIVERSITY	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASHIE, JAMES	
STREET ADDRESS	GALLAUDET UNIVERSITY	
CITY-ST-ZIP	TUCSON AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERER, RONALD	
STREET ADDRESS	BOWLING GREEN UNIV	
CITY-ST-ZIP	BOWLING GREEN OH	
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	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHIE, JAMES	
STREET ADDRESS	GALLAUDET UNIVERSITY	
CITY-ST-ZIP	TUCSON, AR	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUIRE, RICHARD	
STREET ADDRESS	UNIV. OF NORTHERN IOWA	
CITY-ST-ZIP	CEDAR FALLS, IOWA	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY-BAHR, RUTH	
STREET ADDRESS	UNIV. OF SOUTH FLORIDA	
CITY-ST-ZIP	TRINITY, FL	
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)(l), 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02

Date

352-392-2034

Daytime Phone #

CR2E037 (9/01)