

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727431

FILED
Aug 28, 2006
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Current Principal Place of Business:

AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 23005
ST LOUIS, MO 63156 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, WILLIAM S JR
AAPS 63 DAUER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 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: P () Delete
Name: MCGUIRE, RICHARD
Address: ST. LOUIS UNIVERSITY
City-St-Zip: ST. LOUIS, MO

Title: VP () Delete
Name: HUNTLEY-BAHR, RUTH
Address: UNIVERSITY OF SOUTH FLORIDA
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: SCHERER, RONALD
Address: BOWLING GREEN UNIV
City-St-Zip: BOWLING GREEN, OH

Title: D () Delete
Name: SOLOMON, NANCY
Address: WATERREED MED CENTER
City-St-Zip: WASHINGTON, DC

Title: SD () Delete
Name: BROWN, W S, JR,
Address: UNIVERSITY OF FLA
City-St-Zip: GAINESVILLE, FL 00000,

Title: D () Delete
Name: MORRIS, RICHARD
Address: FLORIDA STATE UNIVERSITY
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD A MCGUIRE

P

08/28/2006

Electronic Signature of Signing Officer or Director

_____ Date