2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727431

FILED Jan 22, 2007 Secretary of State

Entity Name: AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Current Principal Place of Business: New Principal Place of Business:

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

US

New Mailing Address: Current Mailing Address:

P.O. BOX 23005 ST LOUIS, MO 63156

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCGUIRE, RICHARD MCGUIRE, RICHARD Name: Name:

ST. LOUIS UNIVERSITY Address: ST. LOUIS UNIVERSITY Address: ST. LOUIS, MO City-St-Zip: City-St-Zip: ST. LOUIS, MO 63108 US

Title: Title: (X) Change () Addition () Delete HUNTLEY-BAHR, RUTH Name: HUNTLEY-BAHR, RUTH Name:

Address: UNIVERSITY OF SOUTH FLORIDA Address: UNIVERSITY OF SOUTH FLORIDA

TAMPA, FL 33260 US

City-St-Zip: TAMPA, FL City-St-Zip:

Title: () Delete Title: (X) Change () Addition SCHERER, RONALD SCHERER, RONALD Name: Name:

BOWLING GREEN UNIV BOWLING GREEN UNIV Address: Address:

City-St-Zip: BOWLING GREEN, OH City-St-Zip: BOWLING GREEN, OH 43403 US

(X) Change () Addition Title: () Delete Title: TR

Name: SOLOMON, NANCY Name: SOLOMON, NANCY WATERREED MED CENTER WATERREED MED CENTER Address: Address:

City-St-Zip: WASHINGTON, DC City-St-Zip: WASHINGTON, DC 20307 US

Title: () Delete Title: (X) Change () Addition

BROWN, WS, JR, W. SAM, BROWN Name: Name: UNIVERSITY OF FLA UNIVERSITY OF FLA Address: Address: City-St-Zip: GAINESVILLE, FL 00000, City-St-Zip: GAINESVILLE,, FL 32611 US

Title: () Delete Title: (X) Change () Addition

MORRIS, RICHARD MORRIS, RICHARD Name: Name: Address: FLORIDA STATE UNIVERSITY Address: FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306 US TALLAHASSEE, FL City-St-Zip: 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 MCGUIRE S 01/22/2007