## 2003 NOT-FOR-PROFIT CORPORATION

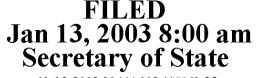
Mailing Address

AAPS P.O. BOX 14095

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 727431** 1. Entity Name AMERICAN ASSOCIATION OF PHONETIC SCIENCES, INC.

Principal Place of Business

AAPS 63 DAUER HALL



01-13-2003 90444 003 \*\*\*\*61.25



UNIVERSITY OF FLORIDA UNIVERSITY STATION 40005798 GAINESVILLE FL 32611 GAINESVILLE FL 32604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ BROWN, WILLIAM S JR Street Address (P.O. Box Number is Not Acceptable) AAPS 63 DAUER HALL UNIVERISTY OF FLORIDA **GAINESVILLE FL 32611** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change Addition MASHIE, JAMES NAME STREET ADDRESS GALLAUDET UNIVERSITY STREET ADDRESS CITY-ST-ZIP **TUCSON AR** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGUIRE, RICHARD NAME STREET ADDRESS UNIV. OF NORTHER IOWA STREET ADDRESS CITY-ST-ZIP CEDAR FALLS, IA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME "SCHERER<del>, Rona</del>ld" NAME STREET ADDRESS **BOWLING GREEN UNIV** STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN OH** CITY-ST-ZIP TITLE ☐ Delete Change Addition HUNTLEY-BAHR, RUTH STREET ADDRESS UNIV. OF SOUTH FLORIDA STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition BROWN, W S. JR NAME UNIVERSITY OF FLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 00000 CITY-ST-ZIP TITLE DMorris, Richard
Florida State University
Tallahassee, FL Delete TITLE Change ■ Addition NAME RAMIG, L NAME STREET ADDRESS UNIVERSITY OF COLORADO STREET ADDRESS **BOULDER CO** 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 resolver 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 of the corporation or the changed, or on an attachm an address, with all other like empowered

AULITIAM SIBLOWN ST. EX SEC