

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732115 (1)

1. Corporation Name  
**SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.**



Principal Place of Business: DEPT. OF PSYCHOLOGY, UNIVERSITY OF ROCHESTER, ROCHESTER NY 14627  
Mailing Address: DEPT. OF PSYCHOLOGY, UNIVERSITY OF ROCHESTER, ROCHESTER NY 14627

3. Date Incorporated or Qualified: 03/11/1975  
3a. Date of Last Report: 02/21/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1667323	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LATANE, BIBB PH.D.  
4521 SOUTH OCEAN BLVD. #6  
HIGHLAND BEACH FL 33487

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Bibb Latane* **BIBB LATANE, PH.D** *2/21/96*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CACIOPPO, JOHN	1.2 NAME	ROBERT CIAZDINI
STREET ADDRESS	1885 NEIL AVE. MALL	1.3 STREET ADDRESS	DEPT. PSYCHOLOGY, ARIZONA STATE UNIV.
CITY-ST-ZIP	COLUMBUS OH 43210	1.4 CITY-ST-ZIP	TEMPE AZ 85287
TITLE	EOD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIS, HARRY	2.2 NAME	
STREET ADDRESS	DEPT. PSYCHOLOGY, U OF ROCHESTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14627	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETHALS, AL	3.2 NAME	
STREET ADDRESS	DEPT. PSYCHOLOGY, WILLIAMS COLLEGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSTOWN MA 01267	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALKEN, SHELLY	4.2 NAME	
STREET ADDRESS	DEPT. PSYCHOLOGY, NEW YORK UNIVERSITY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10003	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISKE, SUSAN T	5.2 NAME	
STREET ADDRESS	DEPT. PSYCHOLOGY, U OF MASS.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA 01003-7710	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CAROL	6.2 NAME	
STREET ADDRESS	DEPT. OF PSYCHOLOGY, U OF VERMONT	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON VT 05401	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry Reis* **HARRY REIS, EXEC. OFF.** *1/16/96* 716 275-8697  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)