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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732115 (1)

1. Corporation Name
SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, I NC.



Principal Place of Business DEPT. OF PSYCHOLOGY UNIVERSITY OF ROCHESTER ROCHESTER NY 14627	Mailing Address DEPT. OF PSYCHOLOGY UNIVERSITY OF ROCHESTER ROCHESTER NY 14627
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3. Date Incorporated or Qualified 03/11/1975	
4. FEI Number 59-1667323	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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* DATE: **3/10/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WEARY, GIFFORD
STREET ADDRESS	DEPARTMENT OF PSYCHOLOGY/OHIO STATE UNIV.
CITY-ST-ZIP	COLUMBUS OH
TITLE	EOD <input type="checkbox"/> DELETE
NAME	REIS, HARRY
STREET ADDRESS	DEPT. PSYCHOLOGY, U OF ROCHESTER
CITY-ST-ZIP	ROCHESTER NY 14627
TITLE	STD <input type="checkbox"/> DELETE
NAME	GOETHALS, AL
STREET ADDRESS	DEPT. PSYCHOLOGY, WILLIAMS COLLEGE
CITY-ST-ZIP	WILLIAMSTOWN MA 01267
TITLE	D <input type="checkbox"/> DELETE
NAME	CHALKEN, SHELLY
STREET ADDRESS	DEPT. PSYCHOLOGY, NEW YORK UNIVERSITY
CITY-ST-ZIP	NEW YORK NY 10003
TITLE	PD <input type="checkbox"/> DELETE
NAME	CIALDINI, ROBERT
STREET ADDRESS	DEPT PSYCHOLOGY, ARIZONA STATE UNIV.
CITY-ST-ZIP	TEMPE AZ
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, CAROL
STREET ADDRESS	DEPT. OF PSYCHOLOGY, U OF VERMONT
CITY-ST-ZIP	BURLINGTON VT 05401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD FEIN, STEVEN
3.3 STREET ADDRESS	DEPT. PSYCHOLOGY, WILLIAMS COLLEGE
3.4 CITY-ST-ZIP	WILLIAMSTOWN, MA 01267
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BORGIDA, GENE
4.3 STREET ADDRESS	DEPT PSYCHOLOGY, UNIV. MINNESOTA
4.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55455
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TAYLOR, SHELLEY
5.3 STREET ADDRESS	DEPT. PSYCHOLOGY, UCLA
5.4 CITY-ST-ZIP	LOS ANGELES, CA 90095
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 T. Reis* DATE: **1/23/98** **716-275-8697**

CR2E037 (1097)