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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732115

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/11/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1667323
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 [Signature] DATE 1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	WEARY, GIFFORD DEPARTMENT OF PSYCHOLOGY/OHIO STATE UNIV. COLUMBUS OH	1.1 TITLE PAST - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE EOD <input type="checkbox"/> DELETE	REIS, HARRY DEPT. PSYCHOLOGY, U OF ROCHESTER ROCHESTER NY 14627	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD <input type="checkbox"/> DELETE	FEIN, STEVEN DEPT. PSYCHOLOGY, WILLIAMS COLLEGE WILLIAMSTOWN MA 01267	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> DELETE	BORGIDA, GENE DEPT OF, UNIVERSITY OF MINNESOTA MINNEAPLAS MN 55455	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD <input type="checkbox"/> DELETE	TAYLOR, SHELLEY DEPT OF PSYCHOLOGY, UCLA LOS ANGELES CA 90095	5.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE	MILLER, CAROL DEPT. OF PSYCHOLOGY, U OF VERMONT BURLINGTON VT 05401	6.1 TITLE PRESIDENT - ELECT <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 with all other like empowered.

SIGNATURE: [Signature] DATE: 1/20/99 DAYTIME PHONE #: 716-275-8697

CR2E037 (11/98)