

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732115

1. Entity Name

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, I

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90046 030 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1667323	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE Bibb Latane DATE 1/28/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WEARY, GIFFORD DEPARTMENT OF PSYCHOLOGY/OHIO STATE UNIV. COLUMBUS OH <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EOD REIS, HARRY DEPT. PSYCHOLOGY, U OF ROCHESTER ROCHESTER-NY-14627 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEIN, STEVEN DEPT. PSYCHOLOGY, WILLIAMS COLLEGE WILLIAMSTOWN MA 01287 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORGIDA, GENE DEPT OF, UNIVERSITY OF MINNESOTA MINNEAPLAS MN 55455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, SHELLEY DEPT OF PSYCHOLOGY, UCLA LOS ANGELES CA 90095 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, TESSER DEPT. OF PSYCHOLOGY U. OF GA ATHENS GA 30601 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABRAHAM TESSER DEPT OF PSYCHOLOGY / UNIV GEORGIA ATHENS, GA 30601 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN A DIRECTOR SUSAN ANDERSEN DEPT PSYCHOLOGY, NEW YORK UNIV NEW YORK, NY 10003 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio

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 receiver 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: HARRY REIS DATE 1/20/00 DAYTIME PHONE # 716 275 8697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR