

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732115

FILED
Apr 03, 2009
Secretary of State

Entity Name: SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Current Principal Place of Business:

DEPT. OF PSYCHOLOGY--URIS HALL
CORNELL UNIVERSITY
ITHACA, NY 14853

New Principal Place of Business:

Current Mailing Address:

DEPT. OF PSYCHOLOGY--URIS HALL
CORNELL UNIVERSITY
ITHACA, NY 14853

New Mailing Address:

FEI Number: 59-1667323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: REIS, HARRY
Address: DEPT. OF PSYCH/U OF ROCHESTER
City-St-Zip: ROCHESTER, NY 14627 US

Title: EOD () Delete
Name: DUNNING, DAVID A
Address: DEPT. PSYCHOLOGY, URIS HALL, CORNELL UNIV
City-St-Zip: ITHACA, NY 14853 US

Title: STD () Delete
Name: CROCKER, JENNIFER
Address: DEPT OF PSYCH/ UNIV MICHIGAN
City-St-Zip: ANN ARBOR, MI 48109 US

Title: PE () Delete
Name: PETTY, RICHARD
Address: DEPT. OF PSYCH/UNIV OHIO
City-St-Zip: COLUMBUS, OH 43210 US

Title: P () Delete
Name: DOVIDIO, JOHN
Address: DEPT. OF PSYCH/YALE UNIV.
City-St-Zip: NEW HAVEN, CT 06520 US

Title: D () Delete
Name: JACKSON, JAMES
Address: DEPT OF PSYCH/ UNIV MICHIGAN
City-St-Zip: ANN ARBOR, MI 48109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PP (X) Change () Addition
Name: DOVIDIO, JOHN
Address: DEPT. OF PSYCH/YALE UNIV.
City-St-Zip: NEW HAVEN, CT 06520 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: CROCKER, JENNIFER
Address: DEPT OF PSYCH/ UNIV MICHIGAN
City-St-Zip: ANN ARBOR, MI 48109 US

Title: P (X) Change () Addition
Name: PETTY, RICHARD
Address: DEPT. OF PSYCH/UNIV OHIO
City-St-Zip: COLUMBUS, OH 43210 US

Title: STD (X) Change () Addition
Name: SHINER, REBECCA
Address: DEPT. OF PSYCH/COLGATE UNIV.
City-St-Zip: HAMILTON, NY 13346 US

Title: D (X) Change () Addition
Name: BARRETT, LISA FELDMAN
Address: DEPT OF PSYCH/ BOSTON COLLEGE
City-St-Zip: CHESTNUT HILL, MA 02467 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DUNNING

Electronic Signature of Signing Officer or Director

EOD

04/03/2009

_____ Date