

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732115

FILED
Feb 07, 2012
Secretary of State

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

Current Principal Place of Business:

265 HIGH ST
COVENTRY, CT 06238

New Principal Place of Business:

Current Mailing Address:

265 HIGH ST
COVENTRY, CT 06238

New Mailing Address:

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

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: P
Name: DEVINE, PATRICIA
Address: UNIVERSITY OF WISCONSIN 1202 W. JOHNSON ST
City-St-Zip: MADISON, WI 53706 US

Title: EOD
Name: DOVIDIO, JOHN F
Address: 265 HIGH ST
City-St-Zip: COVENTRY, CT 06238 US

Title: PP
Name: HEATHERTON, TODD
Address: MOORE HALL 6207 DARTMOUTH COLLEGE
City-St-Zip: HANOVER, NH 03755 US

Title: PE
Name: FUNDER, DAVID
Address: UNIVERSITY OF CALIFORNIA, RIVERSIDE
City-St-Zip: RIVERSIDE, CA 92521 US

Title: STD
Name: BIERNAT, MONICA
Address: UNIV. OF KANSAS, 1415 JAY HAWK BLVD.
City-St-Zip: LAWRENCE, KS 66045 US

Title: D
Name: LARSEN, RANDY
Address: WASHINGTON UNIV, ONE BROOKINGS DRIVE
City-St-Zip: ST. LOUIS, MO 63130 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN DOVIDIO

EOD

02/07/2012

Electronic Signature of Signing Officer or Director

Date