

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90123 033 ****61.25

DOCUMENT # 753418

1. Entity Name
ASSOCIATION FOR PSYCHOLOGICAL TYPE, INC.

Principal Place of Business 4700 W. LAKE AVENUE GLENVIEW IL 60025	Mailing Address 4700 W. LAKE AVENUE GLENVIEW IL 60025
---	---

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 22-2291442	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 DATE **1/10/02**

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	P RYTTING, MARVIN <input type="checkbox"/> Delete IUPUI 4601 CENTRAL AVENUE COLUMBUS GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOF FLAUTT, TOM <input checked="" type="checkbox"/> Delete 757 CEDAR POINT DR CINCINNATI OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, CAROLYN <input type="checkbox"/> Delete 290 LSU AVENUE BATON ROUGE LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROEGER, OTTO <input checked="" type="checkbox"/> Delete 3605 CHAIN BRIDGE RD FAIRFAX VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D I REEMANN, RON <input type="checkbox"/> Delete 6100 HADLEY COTTAGE GROVE MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WEIR, JIM <input type="checkbox"/> Delete 4700 W. LAKE AVENUE GLENVIEW IL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sandra Hirsh <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5000 Nob Hill Drive Minneapolis, MN 55439-1417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Daniel Robinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Iowa State University, 1247F Lago Macino Hall Ames, IA 50011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rog-Reimann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **1/10/02** 847-515-4828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)