


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90528 017 ****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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-2291442**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PP	<input type="checkbox"/> Delete
NAME	RYTTING, MARVIN	
STREET ADDRESS	IJUPI 4601 CENTRAL AVENUE	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSH, SANDRA	
STREET ADDRESS	5000 NOB HILL DRIVE	
CITY-ST-ZIP	MINNEAPOLIS MN 55439-1417	
TITLE	P	<input type="checkbox"/> Delete
NAME	THORNTON, CAROLYN	
STREET ADDRESS	290 LSU AVENUE	
CITY-ST-ZIP	BATON ROUGE LA	
TITLE	PE	<input type="checkbox"/> Delete
NAME	ROBINSON, DANIEL	
STREET ADDRESS	ISU N247F L M H	
CITY-ST-ZIP	AMES IA 50011	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIMANN, RON	
STREET ADDRESS	6100 HADLEY	
CITY-ST-ZIP	COTTAGE GROVE MN	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WEIR, JIM	
STREET ADDRESS	4700 W. LAKE AVENUE	
CITY-ST-ZIP	GLENVIEW IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**

January 7, 2003 847-375-4088

CR2E037 (10/02)