

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000720

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** THE HISTORY OF SCIENCE SOCIETY INC.

**Current Principal Place of Business:**

3310 TURLINGTON HALL, UNIVERSITY OF FLA.  
GAINESVILLE, FL 326117360

**New Principal Place of Business:**

**Current Mailing Address:**

UNIVERSITY OF FLORIDA, P.O. BOX 117360  
GAINESVILLE, FL 326117360

**New Mailing Address:**

**FEI Number:** 52-6050324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALONE, ROBERT J.  
3310 TURLINGTON HALL, UNIVERSITY OF FLA.  
GAINESVILLE, FL 326117360 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: D ( ) Delete  
Name: MALONE, ROBERT J.  
Address: 3310 TURLINGTON HALL, UNIVERSITY OF FLA.  
City-St-Zip: GAINESVILLE, FL 326117360

Title: P ( ) Delete  
Name: MAIENSCHIN, JANE  
Address: ARIZONA STATE UNIVERSITY SCHOOL OF LIFE SC  
City-St-Zip: TEMP, AZ 852874501

Title: VP ( ) Delete  
Name: FARBER, PAUL  
Address: OREGON UNIVERSITY, DEPT OF HISTORY  
City-St-Zip: CORVALLIS, OR 97331

Title: S ( ) Delete  
Name: OSLER, MARGARET  
Address: UNIVERSITY OF CALGARY, 2500 UNIV. DR. NW  
City-St-Zip: CALGARY, AB T2N1NA,

Title: T ( ) Delete  
Name: ANKENY, RACHEL  
Address: UNIV. OF ADELAIDE, HISTORY & POLITICS  
City-St-Zip: ADELAIDE, SA 5005, AU,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: ROBERT J. MALONE

D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date