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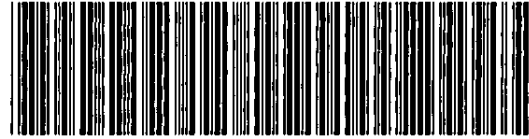
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Society for the Experimental Analysis of Behavior, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Monica Bonner

Name of Person

Society for the Experimental Analysis of Behavior, Inc.

Firm/Company

6503 East State Road 46

Address

Bloomington, IN 47401

City/State and Zip Code

mbonner@indiana.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Bonner

Name of Person

at (812)

336-1257

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Society for the Experimental Analysis of Behavior, Inc.
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Indiana 3. 35-1088740
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. September 09, 1971 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 2012
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 6503 East State Road 46
(Principal office address)
Bloomington, IN 47401
(Current mailing address)
8. Publication of two scholarly Psychology journals and promotion of the science of Behavior Ag
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Anne Shroyer, Editorial Assistant
Office Address: Florida Tech, 150 West University Blvd
Melbourne Florida 32901
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

AS

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please see attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Monica Bonner, Assistant Secretary/Assistant Treasurer, SEAB

Address: 6503 East State Road 46, Bloomington, IN 47401

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Monica Bonner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Monica Bonner, Assistant Secretary/Assistant Treasurer
(Typed or printed name and capacity of person signing application)

PAID
STAMP
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SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR**Officers of the Society for the Experimental Analysis of Behavior, Inc.****1 September 2012 – 31 August 2013****President of the Society & Chair of Board:**

WAYNE FISHER (EXP. 9/13)
H.B. MUNROE PROFESSOR OF BEHAVIORAL RESEARCH
MUNROE-MEYER INSTITUTE, UNMC
985450 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198-5450
wfisher@unmc.edu

Vice-Pres. of Society & Vice-Chair of Board:

AMY ODUM (EXP. 9/13)
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2810 OLD MAIN HILL
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Amy.Odum@usu.edu

Secretary of the Board:

KENNETH SILVERMAN (EXP. 9/13)
CTR LEARNING & HEALTH
JOHNS HOPKINS SCHOOL OF MEDICINE
5200 E AVE. SUITE 142 W
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Secretary-Treasurer of the Society:

VICTOR G. LATIES (EXP. 9/13)
BOX EHSC
UNIVERSITY OF ROCHESTER MED SCHOOL
601 ELMWOOD AVENUE
ROCHESTER, NY 14642
victor_laties@urmc.rochester.edu

Assistant Secretary/Treasurer of the Society:

MONICA BONNER (EXP. 9/13)
6503 E. STATE ROAD 46
BLOOMINGTON, IN 47401
jeab@indiana.edu

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F. H. H. STAFF
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SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR**BOARD OF DIRECTORS****1 SEPTEMBER 2012 –31 AUGUST 2013**

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NOVA SOUTHEASTERN UNIVERSITY
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16. JENNIFER McCOMAS (EXP. 9/13)
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21. DAVID SCHAAL (EXP. 9/14)
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24. RICHARD G. SMITH (EXP. 9/13)
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25. RACHEL THOMPSON (EXP. 9/20)
NEW ENGLAND CTR FOR CHILDREN
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26. TIMOTHY VOLLMER (EXP. 9/17)
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Zarcone@kennedykrieger.org

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**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 09, 1971, and was in existence or authorized to transact business in the State of Indiana on August 28, 2012.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of August, 2012.

Connie Lawson

Connie Lawson, Secretary of State

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