

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001508

1. Entity Name

SOCIAL SCIENCE MONOGRAPHS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90023 026 ***150.00

Principal Place of Business	Mailing Address
2360 DARTMOUTH AVE BOULDER CO 80303 US	BOX 29 REGENT HALL UNIVERSITY OF COLORADO BOULDER CO 80309-0029 US

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	84-0835368	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
FISHER, STEPHEN A 3653 CORTEZ RD., W., #120 BRADENTON FL 34210

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PTD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FISHER, STEPHEN A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>766 MAGELLAN DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL 34243</td><td></td></tr></table>	TITLE	PTD	<input type="checkbox"/> Delete	NAME	FISHER, STEPHEN A		STREET ADDRESS	766 MAGELLAN DR.		CITY-ST-ZIP	SARASOTA FL 34243		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete																							
NAME	FISHER, STEPHEN A																								
STREET ADDRESS	766 MAGELLAN DR.																								
CITY-ST-ZIP	SARASOTA FL 34243																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>DS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FISHER, ANNE D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>766 MAGELLAN DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL 34243</td><td></td></tr></table>	TITLE	DS	<input type="checkbox"/> Delete	NAME	FISHER, ANNE D		STREET ADDRESS	766 MAGELLAN DR.		CITY-ST-ZIP	SARASOTA FL 34243		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete																							
NAME	FISHER, ANNE D																								
STREET ADDRESS	766 MAGELLAN DR.																								
CITY-ST-ZIP	SARASOTA FL 34243																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TYSON, ANNE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9009 NORTH PLAZA, #111</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>AUSTIN TX 78753</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	TYSON, ANNE		STREET ADDRESS	9009 NORTH PLAZA, #111		CITY-ST-ZIP	AUSTIN TX 78753		<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>TYSON, ANNE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1220 W. LAKE DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TAYLOR, TX 76574</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TYSON, ANNE		STREET ADDRESS	1220 W. LAKE DRIVE		CITY-ST-ZIP	TAYLOR, TX 76574	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TYSON, ANNE																								
STREET ADDRESS	9009 NORTH PLAZA, #111																								
CITY-ST-ZIP	AUSTIN TX 78753																								
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	TYSON, ANNE																								
STREET ADDRESS	1220 W. LAKE DRIVE																								
CITY-ST-ZIP	TAYLOR, TX 76574																								
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen A. Fisher 4/24/2000 941-753-4782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)