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FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002535 (1)

1. Corporation Name

THE AMERICAN BOARD OF REGISTRATION OF ELECTROENC  
EPHALOGRAPHIC AND EVOKED POTENTIAL TECHNOLOGIES.

Principal Place of Business

Mailing Address

P.O. BOX 916633  
LONGWOOD FL 32791-6633P.O. BOX 916633  
LONGWOOD FL 32791-66333. Date Incorporated or Qualified  
05/24/19953a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number  
54-1607478Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE  
NAME ALTMAN, CINDRA  
STREET ADDRESS 601 NORTH 30TH ST.  
CITY-ST-ZIP OMAHA NE1.1 TITLE D Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE T DELETE  
NAME THOMAS, KAREN  
STREET ADDRESS 8380 PARAGON RD.  
CITY-ST-ZIP CENTERVILLE OH2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE S DELETE  
NAME WIRCH, ADELE  
STREET ADDRESS 1959 N.E. PACIFIC  
CITY-ST-ZIP SEATTLE WA3.1 TITLE P Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D DELETE  
NAME APPENZELLER, BECKY  
STREET ADDRESS RT 1, BOX 62A  
CITY-ST-ZIP GENOA WI4.1 TITLE S Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D DELETE  
NAME FROST, MICHEAL MD  
STREET ADDRESS 310 NORTH SMITH AVE  
CITY-ST-ZIP ST PAUL MN5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D DELETE  
NAME ERWIN, ANDREA  
STREET ADDRESS DUKE UNIVERSITY, TRENT DR.  
CITY-ST-ZIP DURHAM NC6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 788-6308  
Daytime Phone # 0015387

CR2E037 (9/96)