

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010729

FILED
May 01, 2008
Secretary of State

Entity Name: RESEARCH CENTER FOR BAYESIAN APPLICATIONS, INC.

Current Principal Place of Business:

8799 BARDMOOR BOULEVARD, SUITE 201
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

8799 BARDMOOR BOULEVARD, SUITE 201
LARGO, FL 33777

New Mailing Address:

FEI Number: 35-2221581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAMARA, GISLHAINE C
8799 BARDMOOR BOULEVARD, SUITE 201
LARGO, FL 33777 US

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: SOIVILUS, LUCIEN
Address: JAMES MADISON UNIVERSITY
City-St-Zip: HARRISONBURG, VA

Title: D () Delete
Name: CAMARA, GISLHAINE C
Address: 8799 BARDMOOR BOULEVARD, SUITE 201
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: CAMARA, VINCENT A DR.
Address: 8799 BARDMOOR BOULEVARD
City-St-Zip: LARGO, FL 33777

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:

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: DR. VINCENT CAMARA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date