


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90074 018 ****61.25

DOCUMENT # N37237	
1. Entity Name AMERICAN ENTOMOLOGICAL INSTITUTE, INC.	

Principal Place of Business 3005 S.W. 56TH AVENUE GAINESVILLE, FL 32608	Mailing Address 3005 S.W. 56TH AVENUE GAINESVILLE, FL 32608
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40009133



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212007 Chg-NP CR2E037 (12/06)

4. FEI Number 38-1849251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JAMES, LLOYD 915 NW 40TH TERRACE GAINESVILLE, FL 32605	

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	HERATY, JOHN
STREET ADDRESS	C/O UNIVERSITY OF CALIFORNIA
CITY-ST-ZIP	RIVERSIDE, CA
TITLE	D <input type="checkbox"/> Delete
NAME	WHARTON, ROBERT A.
STREET ADDRESS	C/O TEXAS A & M UNIVERSITY
CITY-ST-ZIP	COLLEGE STATION, TX
TITLE	TD <input type="checkbox"/> Delete
NAME	LLOYD, JAMES E.
STREET ADDRESS	UNIVERSITY OF FLORIDA.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	MORSE, JOHN
STREET ADDRESS	C/O CLEMSON UNIVERSITY
CITY-ST-ZIP	CLEMSON, SC
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, SCOTT
STREET ADDRESS	C/O SMITHSONIAN INSTITUTION
CITY-ST-ZIP	WASHINGTON, DC
TITLE	SD <input type="checkbox"/> Delete
NAME	WAHL, DAVID
STREET ADDRESS	3005 S.W. 56TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAULD, IAN
STREET ADDRESS	C/O NATURAL HISTORY MUSEUM
CITY-ST-ZIP	LONDON, ENGLAND
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James E. Lloyd **JAMES E. LLOYD** 1 February 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: (352) 922-1921

x 124