


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 030 ****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		
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	01072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 38-1849251				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			7. Name and Address of New Registered Agent		
JAMES, LLOYD 915 NW 40TH TERRACE GAINESVILLE, FL 32605			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO		
TITLE D NAME HERATY, JOHN STREET ADDRESS C/O UNIVERSITY OF CALIFORNIA CITY-ST-ZIP RIVERSIDE, CA	<input checked="" type="checkbox"/> Delete		TITLE D NAME SHARKEY, MICHAEL J STREET ADDRESS 4000 University of Kentucky CITY-ST-ZIP Lexington, KY 40546-0091	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WHARTON, ROBERT A. STREET ADDRESS C/O TEXAS A & M UNIVERSITY CITY-ST-ZIP COLLEGE STATION, TX	<input type="checkbox"/> Delete		TITLE D NAME Science Bldg North, S-227 STREET ADDRESS University of Kentucky CITY-ST-ZIP Lexington, KY 40546-0091	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME LLOYD, JAMES E. STREET ADDRESS UNIVERSITY OF FLORIDA. CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME GAULD, IAN STREET ADDRESS C/O NATURAL HISTORY MUSEUM CITY-ST-ZIP LONDON, EN	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MILLER, SCOTT STREET ADDRESS C/O SMITHSONIAN INSTITUTION CITY-ST-ZIP WASHINGTON, DC	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WAHL, DAVID STREET ADDRESS 3005 S.W. 56TH AVE. CITY-ST-ZIP GAINESVILLE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David B Wahl</u> David B Wahl 20 Jan. 2008 352-377-6458					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					