

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37237

FILED
Mar 30, 2011
Secretary of State

Entity Name: AMERICAN ENTOMOLOGICAL INSTITUTE, INC.

Current Principal Place of Business:

3005 S.W. 56TH AVENUE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3005 S.W. 56TH AVENUE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 38-1849251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, LLOYD
915 NW 40TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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
Name: BENNETT, ANDREW
Address: 960 CARLING AVENUE
City-St-Zip: OTTAWA, ON K1A 0C6 CA

Title: D
Name: WHARTON, ROBERT A.
Address: C/O TEXAS A & M UNIVERSITY
City-St-Zip: COLLEGE STATION, TX 77843

Title: TD
Name: LLOYD, JAMES E.
Address: UNIVERSITY OF FLORIDA.
City-St-Zip: GAINESVILLE, FL 32611

Title: PD
Name: JANZEN, DANIEL H.
Address: DEPT. OF BIOLOGY; UNIVERSITY OF PENNSYLVAN
City-St-Zip: PHILADELPHIA, PA 19104 US

Title: VD
Name: MILLER, SCOTT
Address: C/O SMITHSONIAN INSTITUTION
City-St-Zip: WASHINGTON, DC 20013

Title: SD
Name: WAHL, DAVID
Address: 3005 S.W. 56TH AVE.
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: DAVID WAHL

SD

03/30/2011

Electronic Signature of Signing Officer or Director

Date