


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N38957 1. Entity Name HYPATIA, INC.	
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Principal Place of Business DEPT. OF PHILOSOPHY/MSU 503 S KEDZIE HALL EAST LANSING, MI 48824-1032 US	Mailing Address P.O. BOX 357850 GAINESVILLE, FL 32635-7850 US
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 37-1188944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHUTTE, OFELIA 5232 NW 54TH COURT GAINESVILLE, FL 32653	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUTTE, OFELIA 5232 NW 54TH COURT GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, HILDE MICHIGAN ST. UNIV., 503 S KEDZIE HALL EAST LANSING, MI 488241032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALL, CHERYL UNIV. OF S. FL., DPET OF POLI. SCI. TAMPA, FL 33620
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUANA, NANCY PENN ST. UNIV., DPET OF PHILOSOPHY UNIVERSITY PARK, PA 168025201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHRAGE, LAURIE CSU-POMONA/DEPT OF PHILOS POMONA, CA 91768
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASLANGER, SALLY 77 MASS AVE. CAMBRIDGE, MA 021394307

**DO NOT WRITE
IN THIS SPACE**

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02/14/05-80053-015 61.25

12. I 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 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: Ofelia Schutte **February 12, 2005** (352) 374-4570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #