

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION:  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34997 (7)

1. Corporation Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA  
3059-3061 WEINER HALL  
GAINESVILLE FL 32611-8400  
USUNIVERSITY OF FLORIDA  
P O BOX 118400  
GAINESVILLE FL 32611-8400  
US3. Date Incorporated or Qualified  
08/07/19913a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
13-6161619Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELTON, JOHN W  
UNIVERSITY OF FLORIDA  
3061 WEINER HALL  
GAINESVILLE FL 32611

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | CT                          | <input checked="" type="checkbox"/> DELETE |
| NAME            | NIELSEN, WILLARD D.         |  |
| STREET ADDRESS  | ONE JOHNSON & JOHNSON PLAZA |  |
| CITY - ST - ZIP | NEW BRUNSWICK NJ            |  |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           | PT                                     | <input type="checkbox"/> DELETE |
| NAME            | FELTON, JOHN W                         |                                 |
| STREET ADDRESS  | UNIVERSITY OF FLORIDA 3061 WEINER HALL |                                 |
| CITY - ST - ZIP | GAINESVILLE FL                         |                                 |

|                     |   |
|---------------------|---|
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | ST                     | <input type="checkbox"/> DELETE |
| NAME            | GRUNIG, LARISSA        |                                 |
| STREET ADDRESS  | UNIVERSITY OF MARYLAND |                                 |
| CITY - ST - ZIP | COLLEGE PARK MD        |                                 |

|                     |   |
|---------------------|---|
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |

|                 |                |                                 |
|-----------------|----------------|---------------------------------|
| TITLE           | VT             | <input type="checkbox"/> DELETE |
| NAME            | BERGEN, JOHN D |                                 |
| STREET ADDRESS  | 11 STANWIX     |                                 |
| CITY - ST - ZIP | PITTSBURGH PA  |                                 |

|                     |   |
|---------------------|---|
| 4.1 TITLE           | Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                     |   |
|---------------------|---|
| 5.1 TITLE           | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | W. Ward White   |
| 5.3 STREET ADDRESS  | 720 East Wisconsin Avenue   |
| 5.4 CITY - ST - ZIP | Milwaukee, WI 53202   |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                     |  |
|---------------------|--|
| 6.1 TITLE           |  |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011313

CR2E037 (9/96)

*[Handwritten Signature: John W. Felton]* *[Handwritten: 1/1/96]* *[Handwritten: 512/342-0310]*