2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2013
Secretary of State
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Entity Name: SOCIETY FOR THE EXPERIMENTAL ANALYSIS OF BEHAVIOR, INC.

Current Principal Place of Business:

6503 EAST STATE RD 46
BLOOMINGTON, IN 47401

Current Mailing Address:

6503 EAST STATE RD 46
BLOOMINGTON, IN 47401

FEI Number: 35-1088740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHROYER, ANNE
FLORIDA TECH, 150 W UNIVERSITY BLVD
MELBOURNE, FL 32901 US

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

Officer/Director Detail :

Title	PC
Name	FISHER, WAYNE
Address	MUNROE-MEYER INST,UNMC 985450 NEBR MED CTR
City-State-Zip:	OMAHA NE 68198-5450

Title	S
Name	SILVERMAN, KENNETH
Address	5200 E AVE, SUITE 142 W
City-State-Zip:	BALTIMORE MD 21224

Title	AS/T
Name	BONNER, MONICA
Address	6503 E STATE RD 46
City-State-Zip:	BLOOMINGTON IN 47401

Title	VPVC
Name	ODUM, AMY
Address	2810 OLD MAIN HILL-UTAH STATE UNIVERSITY
City-State-Zip:	LOGAN UT 84322

Title	ST
Name	LATIES, VICTOR G
Address	BOX EHSC-U OF ROCHESTER, 601 ELMWOOD AVE
City-State-Zip:	ROCHESTER NY 14642

Title	D
Name	ALSOP, BRENT
Address	UNIV OF OTAGO,DEPT OF PSY, P O BOX 56
City-State-Zip:	DUNEDIN, NEW ZEALAND XX

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: MONICA BONNER — ASSISTANT TREASURER/SECT'Y — 02/18/2013

Electronic Signature of Signing Officer/Director Detail — Date