

a. Name and Address.	BONNIE G. LANGDON
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	0
e. Principal profession or occupation.	HEALTH CARE
f. By whom appointed or elected.	OHIO BOARD OF REGENTS
g. Existing interests	0

a. Name and Address.	J. THOMAS YOUNG
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	0
e. Principal profession or occupation.	1ST VP INVESTMENTS, PRUDENTIAL SECURITIES
f. By whom appointed or elected.	OHIO BOARD OF REGENTS
g. Existing interests	0

### SECTION III - CERTIFICATION

I certify that I am GENERAL COUNSEL

(Official Title)

of WRIGHT STATE UNIVERSITY

(Exact legal title or name of respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature GWEN M. MATTISON	Date 5/30/2003
Telephone Number of Respondent (Include area code) 9377752475	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).