

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006041

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS, INCORPORATED

**Current Principal Place of Business:**

445 HOES LANE  
PISCATAWAY, NJ 088544141

**New Principal Place of Business:**

445 HOES LANE  
445 HOES LN  
PISCATAWAY, NJ 088544141 US

**Current Mailing Address:**

445 HOES LANE  
PISCATAWAY, NJ 088544141

**New Mailing Address:**

445 HOES LANE  
445 HOES LN  
PISCATAWAY, NJ 088544141 US

FEI Number: 13-1656633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE STE 4  
445 HOES LN  
WESTON, FL 33331 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:

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAM, DR. MOSHE  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

Title: P  
Name: DAY, DR. GORDON W  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

Title: P  
Name: RAY, PEDRO A  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

Title: V  
Name: DURRANI, TARIQ S PROF  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

Title: V  
Name: HODGES, DR. DAVID A  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

Title: V  
Name: MICHEL, DR. HOWARD E  
Address: 445 HOES LANE  
City-St-Zip: PISCATAWAY, NJ 088544141 US

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 E. GALICKI

DIR

02/07/2011

Electronic Signature of Signing Officer or Director

Date