

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90214 013 ***150.00

DOCUMENT # F96000005024

1. Entity Name

INSTITUTE FOR INTERNATIONAL RESEARCH, INC.

Principal Place of Business

**708 THIRD AVE
 4TH FLOOR
 NEW YORK NY 10017
 US**

Mailing Address

**1549 RINGLING BLVD.
 SUITE 500
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3179256**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, JAMES
 WILLIAM, PARKER, HARRISON, DIETZO, GETZEN
 200 S ORANGE AVE
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee** FL Zip Code **32301**

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.

SIGNATURE

**Brian Courtney
 Asst. V. Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

05-20-02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	☐ Delete
NAME	LIDLAW, IRVINE	
STREET ADDRESS	LE JOLEIL D'OR 20, BD RAINIER III	
CITY-ST-ZIP	98000, MONACO	
TITLE	CFOD	☒ Delete
NAME	ASH, PAUL	
STREET ADDRESS	1549 RINGLING 5TH FLOOR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	☐ Delete
NAME	HARRISON, BENJAMIN J	
STREET ADDRESS	1549 RINGLING BLVD STE 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	☐ Delete
NAME	CHIPMAN, DEBRA	
STREET ADDRESS	1549 RINGLING BLVD STE 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOD	☒ Change ☐ Addition
NAME	Mark Kerswell	
STREET ADDRESS	Nieuwezijds Voorburgwal 308A	
CITY-ST-ZIP	1012RV Amsterdam, The Netherlands	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

BENJAMIN HARRISON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 365-4471

CR2034 (9/01)