

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012054

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE INTERNATIONAL UNIVERSITY, INC.

Current Principal Place of Business:

MONDSCHINGASSE 16 A-1070
VIENNA, AUSTRIA, XX A-107 XX

New Principal Place of Business:

MONDSCHINGASSE 16 A-1070
VIENNA, AUSTRIA, XX A-1070 XX

Current Mailing Address:

MONDSCHINGASSE 16 A-1070
VIENNA, AUSTRIA, XX A-107 XX

New Mailing Address:

FEI Number: 98-0443573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOODHEER, WIL C
Address: 247 DEER HAVEN ROAD
City-St-Zip: SPARTA, NC 28675 US

Title: V () Delete
Name: BOYER, LINDA
Address: LINDENGASSE 35/12 A-1070
City-St-Zip: VIENNA AUSTRIA, XX 35/12

Title: ST () Delete
Name: DEDERSCHECK, HANS
Address: MONDSCHINGASSE 16 A-1070
City-St-Zip: VIENNA, AUSTRIA, XX

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR. () Change (X) Addition
Name: BUCHHOLZ, SIEGFRIED H DR.
Address: WELZERGASSE 29B, A-2500
City-St-Zip: BADEN, AUSTRIA, XX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. WIL C. GOODHEER

DIR.

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date