

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002964

**Entity Name:** THE INSTITUTE OF INTERNAL AUDITORS, INC.**Current Principal Place of Business:**1035 GREENWOOD BLVD.  
SUITE 401  
LAKE MARY, FL 32746**Current Mailing Address:**1035 GREENWOOD BLVD.  
SUITE 401  
LAKE MARY, FL 32746 US**FEI Number:** 13-5532538**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, ANN  
1035 GREENWOOD BLVD.  
SUITE 401  
LAKE MARY, FL 32746 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	CHAIRMAN
Name	MOURI, NAOHIRO
Address	1035 GREENWOOD BLVD. SUITE 401
City-State-Zip:	LAKE MARY FL 32746

Title	VC
Name	JOYCE, MICHAEL
Address	1035 GREENWOOD BLVD. SUITE 401
City-State-Zip:	LAKE MARY FL 32746

Title	P
Name	CHAMBERS, RICHARD
Address	1035 GREENWOOD BLVD. SUITE 401
City-State-Zip:	LAKE MARY FL 32746

Title	COO
Name	MICHALISIN, WILLIAM
Address	1035 GREENWOOD BLVD. SUITE 401
City-State-Zip:	LAKE MARY FL 32746

Title	CFO
Name	COHEN, ANN
Address	1035 GREENWOOD BLVD. SUITE 401
City-State-Zip:	LAKE MARY FL 32746

*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:** ANN COHEN

CFO

04/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date