2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765289

FILED Feb 10, 2006 Secretary of State

Entity Name: SOUTHERN ASSOCIATION FOR INSTITUTIONAL RESEARCH, INC.

Current Principal Place of Business: New Principal Place of Business:

SOUTHEASTERN LA UNIVERSITY
SLU 11851
HAMMOND, LA 70402 US
LOUISIANA STATE UNIVERSITY
311 THOMAS BOYD HALL
BATON ROUGE, LA 70803 US

Current Mailing Address: New Mailing Address:

SOUTHEASTERN LA UNIVERSITY
SLU 11851
HAMMOND, LA 70402 US
LOUISIANA STATE UNIVERSITY
311 THOMAS BOYD HALL
BATON ROUGE, LA 70803 US

FEI Number: 59-2204345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RUSSELL, TERRENCE R DR A.I.R., 314 STONE BLDG, F.S.U. TALLAHASSEE, FL 32306 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition Name: GRIFFITH, ROSS A Name: ECK, JIM Address: WAKE FOREST UNIVERSITY Address: ROLLINS COLLEGE - BOX 2712

City-St-Zip: WINSTON-SALEM, NC 27109 City-St-Zip: WINTER PARK, FL 32789 US

Title: VP () Delete Title: VP (X) Change () Addition Name: ECK, JAMES Name: KUFFEL, LORNE

Address: ROLLINS COLLEGE Address: COLLEGE OF WILLIAM AND MARY City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WILLIAMSBURG, VA 23187 US

Title: S () Delete Title: () Change () Addition

 Name:
 FULGHAM, JULIE
 Name:

 Address:
 MISSISSIPPI STATE UNIVERSITY
 Address:

 City-St-Zip:
 MISSISSIPPI, MS 39762
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

Name: HALL, MICHELLE Name: BRAUN, BERNIE

Address: SOUTHEASTERN LA UNIVERSITY Address: LOUISIANA STATE UNIVERSITY City-St-Zip: HAMMOND, LA 70402 City-St-Zip: BATON ROUGE, LA 70803

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNIE BRAUN T 02/10/2006