

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90035 031 \*\*\*150.00

**DOCUMENT # 826463**

1. Corporation Name

**THE INSTITUTE OF INTERNAL AUDITORS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>249 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701-4201 US</b>		Mailing Address <b>249 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701-4201 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>25</b>	
Country <b>29</b>		Country <b>30</b>	
3. Date Incorporated or Qualified <b>07/16/1971</b>			
4. FEI Number <b>13-5532538</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BISHOP, WILLIAM G III 249 MAITLAND AVENUE ALTAMONTE SPRINGS FL 32701-4201</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City <b>FL</b>		85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>BISHOP, WILLIAM G III</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>249 MAITLAND AVE.</b>		1.2 NAME	
CITY-ST-ZIP <b>ALTAMONTE SPGS. FL 32701-4201</b>		1.3 STREET ADDRESS	
TITLE <b>VP</b>	NAME <b>BARITTE, JEAN-PIERRE</b>	2.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PLANTIN EN MORETUSLEI 295</b>		2.2 NAME <b>Garitte</b>	
CITY-ST-ZIP <b>2140 ANTWERPEN BE</b>		2.3 STREET ADDRESS	
TITLE <b>C</b>	NAME <b>FABRIZIUS, MICHAEL P</b>	2.4 CITY-ST-ZIP	
STREET ADDRESS <b>1505 MARRIOTSVILLE RD</b>		3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>MARIATTSVILLE MD</b>		3.2 NAME <b>Pierre, Chantal</b>	
TITLE <b>T</b>	NAME <b>BELLAMY, ANNE MERETHE</b>	3.3 STREET ADDRESS <b>Boonse Steenweg 930</b>	
STREET ADDRESS <b>POST LOOKS 100</b>		3.4 CITY-ST-ZIP <b>B-2610 Antwerpen, Belgium</b>	
CITY-ST-ZIP <b>BRYN OSLO 0611 NO</b>		4.1 TITLE <b>Schilliger, Adelheid M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	NAME <b>JOHNSON, HOWARD</b>	4.2 NAME <b>Affolternstrasse 44</b>	
STREET ADDRESS <b>6501 LEGACY DR</b>		4.3 STREET ADDRESS <b>CH 8050 Zurich, Switzerland</b>	
CITY-ST-ZIP <b>PLANO TX 75024-3698</b>		4.4 CITY-ST-ZIP <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>LISS, WALTER E</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>605 LONGMEADOW CIR.</b>		5.2 NAME	
CITY-ST-ZIP <b>LONGWOOD FL</b>		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Walter E. Liss* **WALTER E. LISS**

Date

**1-8-99 407 850-7600**

Daytime Phone #

CR2E034 (11/98)