

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826463

1. Entity Name

THE INSTITUTE OF INTERNAL AUDITORS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90158 015 ***150.00

Principal Place of Business

Mailing Address

249 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701-4201
US

249 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701-4907
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5532538

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISHOP, WILLIAM G III
249 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701-4201

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BISHOP, WILLIAM G III
STREET ADDRESS 249 MAITLAND AVE.
CITY-ST-ZIP ALTAMONTE SPGS. FL 32701-4201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☐ Delete
NAME GARITTE, JEAN-PIERRE
STREET ADDRESS PLANTIN EN MORETUSLEI 295
CITY-ST-ZIP 2140 ANTWERPEN BE

TITLE VP ☐ Change ☒ Addition
NAME WAGNER, JACQUELINE K.
STREET ADDRESS 300 Renaissance Center
CITY-ST-ZIP DETROIT MI 48225-3100

TITLE S ☐ Delete
NAME PIERRE, CHANTAL
STREET ADDRESS BOOMSE STEENWEG 390
CITY-ST-ZIP B-2610 ANTWERPEN BE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME SCHILLIGER, ADELHEID M
STREET ADDRESS AFFOLTERNSTRASSE 44
CITY-ST-ZIP CH 8050 ZURICH SW

TITLE T ☐ Change ☒ Addition
NAME WOLLER, BASEL R.
STREET ADDRESS 1001 Louisiana Street
CITY-ST-ZIP HOUSTON TX 77007

TITLE VP ☐ Delete
NAME JOHNSON, HOWARD
STREET ADDRESS 6501 LEGACY DR
CITY-ST-ZIP PLANO TX 75024-3698

TITLE C ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LISS, WALTER E
STREET ADDRESS 605 LONGMEADOW CIR.
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Change ☒ Addition
NAME O'NEILL EUGENE
STREET ADDRESS 249 MAITLAND AVE
CITY-ST-ZIP ALTAMONTE SPGS FL 32701-4201

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)