

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90099 026 ***150.00

DOCUMENT # 826463

1. Entity Name

THE INSTITUTE OF INTERNAL AUDITORS, INC.

Principal Place of Business

**249 MAITLAND AVENUE
 ALTAMONTE SPRINGS FL 32701-4201
 US**

Mailing Address

**249 MAITLAND AVENUE
 ALTAMONTE SPRINGS FL 32701-4201
 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 reinstalling)

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, 2002 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 **WAGNER, JACQUELINE R**
 STREET ADDRESS **300 RENAISSANCE CENTER**
 CITY-ST-ZIP **DETROIT-MI 48265-3000**

TITLE **C** ☒ Change ☐ Addition
 NAME **RICHARDS, DAVID A**
 STREET ADDRESS **76 MAEN ST**
 CITY-ST-ZIP **AKRON, OH 44308**

TITLE **S** ☒ Delete
 NAME **GROSSI, GIOVANNI**
 STREET ADDRESS **VIA RON C#1 24**
 CITY-ST-ZIP **MILANO ITALY IT 20134**

TITLE **S** ☒ Change ☐ Addition
 NAME **VAN WYK, ANTON B.**
 STREET ADDRESS **PRIVATE, BAG X 36**
 CITY-ST-ZIP **SUNNINGHILL 2157 SOUTH AFRICA**

TITLE **T** ☒ Delete
 NAME **WOLLER, BASIL R**
 STREET ADDRESS **1001 LOUISIANA ST**
 CITY-ST-ZIP **HOUSTON TX 77007**

TITLE **T** ☒ Change ☐ Addition
 NAME **ANDERSEN, JANETE**
 STREET ADDRESS **IBM MDR11 NEW ORCHARD RD.**
 CITY-ST-ZIP **ARMONK NY 10504**

TITLE **VP** ☒ Delete
 NAME **RICHARDS, DAVID A**
 STREET ADDRESS **76 S MAIN ST**
 CITY-ST-ZIP **AKRON OH 44308**

TITLE **VP** ☒ Change ☐ Addition
 NAME **BOOKAL, LEROY E.**
 STREET ADDRESS **40-17 ETLH LN**
 CITY-ST-ZIP **GREENWICH CT 06831-4160**

TITLE **D** ☐ Delete
 NAME **O'NEILL, EUGENE**
 STREET ADDRESS **249 MAITLAND AVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701-4201**

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2002 407-830-7600
 Date Daytime Phone #

CR2E034 (9/01)