

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90089 023 ***150.00

DOCUMENT # 826463

1. Entity Name
THE INSTITUTE OF INTERNAL AUDITORS, INC.



Principal Place of Business
**247 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701-4201 US**

Mailing Address
**247 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701-4201 US**

20022764



2. Principal Place of Business		3. Mailing Address		02282005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-5532538		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHARDS, DAVID A 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP CHAMBERS, RICHARD 247 MAITLAND AVE ALTAMONTE SPGS., FL 327014201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, DAVID A 247 MAITLAND AVE ALTAMONTE SPGS, FL 32701-4201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDONALD, ROBERT N 20 VISCOUNT ST. BRAY PARK QUEENS LAND 4500 AUSTRALIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCPHILIMY, BETTY L 2020 RIDGE AVE 2ND FLOOR EVANSTON, IL 60208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, GERALD D PO BOX 25 BRTMPTON WAY SOMERSET BA20 205, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPARELLO, MICHELE EUROPEAN CENTRAL BANK POSTFACH 16 0319 FRANCFORT AM MAIN 60066 GERMANY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCIPIO, PATRICIA E EMPIRE BC/BS 11 WEST 42ND ST. NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAHRMAN, PHELEP O. ZURICH FINANCIAL SERVICES INC. 1400 AMERICA LANE SCHAMMURG, IL 60196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCPHILIMY, BETTY L 2020 RIDGE AVE 2ND FLOOR EVANSTON, IL 60208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WARBA, THOMAS J NY LIFE INS. CO. Room 1800 51 MADISON AVE NEW YORK, NY. 10010-1603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, EUGENE 247 MAITLAND AVE. ALTAMONTE SPRINGS, FL 327014201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/10/2005** **407-937-1100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #