2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90006 014 ***150.00

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

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

02012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-5532538 ☐ Applied For ☐ Not Applicable

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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICHARDS, DAVIDA 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 327014201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCPHILIMY, BETTY L 2020 RIDGE AVE 2ND FLOOR EVANSTON, IL 60208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WARGA, THOMAS J NY LIFE INS. CO. RM 701 51 MADISON AVE. NEW YORK, NY 10010 1603 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPARELLO, MICHELE EUROPEAN CENT. BANK POSTFACH 1603 FRANCFORT MAIN 60066 GERM.,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MURRAY LAURIE CANDA POST 2701 Riverside DR. NO169 OTTAWA, ON CANADA K1A 0B1 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAHRMAN, PHILIP O ZURICH FINANCIAL SER. INC. 1400 AMER. LN. SCHAUMBURG, IL 60196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC WARGA, THOMAS J NY LIFE INS. CO ROOM 1800 51 MADISON AVE. NEW YORK, NY 10010 1603	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Goepfert, STEPHEN D CONTINENTAL AIRLINES NQ SIA POBox 4607 HOUSTON TX 77210-4607 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'NEILL, EUGENE 247 MAITLAND AVE. ALTAMONTE SPRINGS, FL 327014201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

PAID FEB 9 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ EUGENE O'NEILL 2/9/2006 407-937-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAID FEB 23 2006