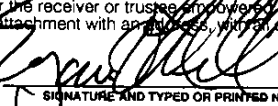


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 014 ***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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 13-5532538	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARDS, DAVID A 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 CANADA POST 2701 Riverside DR. NO 165 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 HQ 51A PO Box 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	
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 any necessary, written or 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 #					

P A I D FEB 23 2006