


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90346 029 \*\*\*150.00

<b>DOCUMENT # 826463</b> 1. Entity Name <b>THE INSTITUTE OF INTERNAL AUDITORS, INC.</b>					
Principal Place of Business <b>247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201 US</b>				Mailing Address <b>247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03242008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>13-5532538</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>RICHARDS, DAVID A 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, DAVIDA 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 327014201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 1.2em;">PAID MAR 27 2008</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOEPFERT, STEPHENO PO BOX 4607 HOUSTON, TX 772104607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COX, GERALD D. OLD KELWAYS SOMERTON RD LANGPORT SOMERSET TA10 9YE UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, LAURIE CANOA POST 2701 RIVERSIDE DR#169 OTTAWA, ON K1A 0b1 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOURI, NAHERO TOKYO BUILDING 7-3 MARUNOUCHI 2-CHOME CHIYODA-KU TOKYO, JAPAN 100-6432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, FRANK M OLIN CORP. 427 N. SHAMROCK EAST ALTON, IL 620241197 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERCER, ANNE M. 1601 HEATHROW PARK LANE STE 5001 LAKE MARY FL 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COX, GERALD D OLD KELWAYS SOMERTON RD LANGPORT SOMERSET TA10 9YE, UK <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MILNER, PATRICIA K. 1111 BROADWAY STE 2100 OAKLAND, CA 94607 <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	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with or without other power.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/25/08    407-937-1100 <small>Date    Daytime Phone #</small>		