

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90136 001 ***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
247 MAITLAND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
247 MAITLAND AVENUE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ALTAMONTE SPRINGS, FL
Zip
32701-4201

City & State
ALTAMONTE SPRINGS, FL
Zip
32701-4201

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

**BISHOP, WILLIAM G III
249 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701-4201**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, WILLIAM G III 249 MAITLAND AVE. ALTAMONTE SPGS. FL 32701-4201	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RICHARDS, DAVED A 76 MAIN ST AKRON OH 44308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN WYK, ANTON B PRIVATE BAE X 36 SUNNINGHILL 2157 SO AFRICA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, JANET E IBM MO 211 NEW ORCHARD RD ARMONK NY 10504	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOKAL, LEROY E 4017 E TTL LN GREENWICH CT 06831-4160	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, EUGENE 249 MAITLAND AVE ALTAMONTE SPRINGS FL 32701-4201	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, WILLIAM G III 247 MAITLAND AVE ALTAMONTE SPGS, FL 32701-4201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOOKAL, LEROY E WORLD BANK I/A 43-297 1818 1ST NW WASHINGTON DC 20433-0002	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, GERALD D. PO BOX 25 BRYMPTON WAY YEOMEL SOMERSET BA20 20S UNITED KINGDOM	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCIEPO, PATRICIA E EMPIRE BC/BS 11 WEST 42ND ST. NEW YORK NY 10036	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONALD, ROBERT N 20 VISCOUNT ST. BRAY PARK QUEENSLAND 4500 AUSTRALIA	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, EUGENE 247 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701-4201	☒ Change ☐ Addition

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2003

Date

407-937-1150

Daytime Phone #

CR2E034 (10/02)