

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 19, 2008
Secretary of State**

DOCUMENT# 833062

Entity Name: THE ASSOCIATION FOR INSTITUTIONAL RESEARCH**Current Principal Place of Business:**1435 E. PIEDMONT DRIVE
SUITE 211
TALLAHASSEE, FL 32308 US**New Principal Place of Business:****Current Mailing Address:**1435 E. PIEDMONT DRIVE
SUITE 211
TALLAHASSEE, FL 32308 US**New Mailing Address:****FEI Number:** 36-6149972 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SWING, RANDY L
1435 E. PIEDMONT DRIVE
SUITE 211
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: COUGHLIN, MARY ANN
Address: SPRINGFIELD COLLEGE
City-St-Zip: SPRINGFIELD, MA 01109 US**Title:** VD () Delete
Name: KNIGHT, WILLIAM E
Address: BOWLING GREEN STATE UNIVERSITY
City-St-Zip: BOWLING GREEN, OH 43403-0087, OH 43403 US**Title:** TD () Delete
Name: KELLY, HEATHER A
Address: UNIVERSITY OF DELAWARE
City-St-Zip: NEWARK, DE 19716 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: KNIGHT, WILLIAM
Address: BOWLING GREEN, 708 E. WOOSTER ST
City-St-Zip: BOWLING GREEN, OH 43403 US**Title:** VD (X) Change () Addition
Name: TOUTKOUSHIAN, ROBERT
Address: INDIANA UNIV. EDU. 4220, 201 N ROSE AVE
City-St-Zip: BLOOMINGTON, IN 47405 US**Title:** TD (X) Change () Addition
Name: KELLY, HEATHER A
Address: UNI. OF DELAWARE, 325 HULLIHEN HALL
City-St-Zip: NEWARK, DE 19716 US**Title:** SD () Change (X) Addition
Name: HENRY, DAINA
Address: COLL. WILLIAM & MARY, OLD DOMINION HALL
City-St-Zip: WILLIAMSBURG, VA 23187

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KNIGHT

PD

11/19/2008

Electronic Signature of Signing Officer or Director

Date