

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833062

FILED
Mar 30, 2009
Secretary of State

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: KNIGHT, WILLIAM
Address: BOWLING GREEN, 708 E. WOOSTER ST
City-St-Zip: BOWLING GREEN, OH 43403 US

Title: VD () Delete
Name: TOUTKOUSHIAN, ROBERT
Address: INDIANA UNIV. EDU. 4220, 201 N ROSE AVE
City-St-Zip: BLOOMINGTON, IN 47405 US

Title: TD () Delete
Name: KELLY, HEATHER A
Address: UNI. OF DELAWARE, 325 HULLIHEN HALL
City-St-Zip: NEWARK, DE 19716 US

Title: SD () Delete
Name: HENRY, DAINA
Address: COLL. WILLIAM & MARY, OLD DOMINION HALL
City-St-Zip: WILLIAMSBURG, VA 23187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/30/2009

Electronic Signature of Signing Officer or Director

Date