

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 11, 2009
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: 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:** PD (X) Change () Addition
Name: TOUTKOUSHIAN, ROBERT
Address: INDIANA UNIVERSITY AT BLOOMINGTON
City-St-Zip: BLOOMINGTON, IN 47405 US**Title:** VD (X) Change () Addition
Name: TRAINER, JAMES
Address: VILLANOVA UNIVERSITY
City-St-Zip: VILLANOVA, PA 19085 US**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: RANDY L. SWING

Electronic Signature of Signing Officer or Director

EDIR

06/11/2009

Date