

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000111

FILED  
Mar 18, 2010  
Secretary of State

**Entity Name:** THE INTERNATIONAL PRECIOUS METALS INSTITUTE, INC.

**Current Principal Place of Business:**

5101 N. 12TH AVENUE  
SUITE C  
PENSACOLA, FL 325048918 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 N. 12TH AVENUE  
SUITE C  
PENSACOLA, FL 325048918 US

**New Mailing Address:**

**FEI Number:** 06-0952238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ED  
Name: MANZIEK, LARRY  
Address: 1200 FT. PICKENS ROAD, 8E  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: PD  
Name: GOTTLIEB, HARVEY  
Address: 31 CRESTVIEW DRIVE  
City-St-Zip: MADISON, CT 06443 US

Title: VD  
Name: TYLER, CAROL  
Address: 5720 BELLE RIDGE TRAIL  
City-St-Zip: BIRMINGHAM, AL 35210 US

Title: SD  
Name: IANELLO, BOB  
Address: 42 FABISZEWSKI WAY  
City-St-Zip: PARLIN, NJ 08859 US

Title: TD  
Name: COOK, BRAD  
Address: 14931 SAINT CLOUD DRIVE  
City-St-Zip: HOUSTON, TX 77062 US

I hereby 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 all other like empowered.

SIGNATURE: LARRY MANZIEK

ED

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date