
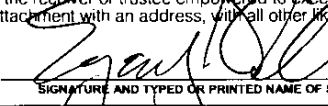


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90107 046 ****61.25

DOCUMENT # F02000002481						
1. Entity Name INSTITUTE OF INTERNAL AUDITORS - RESEARCH FOUNDATION, INC.						
Principal Place of Business 247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201			Mailing Address 247 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701-4201			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1859804		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME WINTERS, RODERICK M		<input type="checkbox"/> Delete	TITLE V	NAME Ulrey, Susan D	
STREET ADDRESS ONE MICROSOFT WAY	STREET ADDRESS REDMOND, WA 980526399		<input type="checkbox"/> Delete	STREET ADDRESS 2400 1st Indiana Plz	STREET ADDRESS Indianapolis, IN 46204	
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE M	NAME VINCENTI, DOMINIQUE		<input type="checkbox"/> Delete	TITLE V	NAME Beran, Dennis K.	
STREET ADDRESS 247 MAITLAND AVE.	STREET ADDRESS ALTAMONTE SPRINGS, FL 32701		<input type="checkbox"/> Delete	STREET ADDRESS 6501 Legacy DR.	STREET ADDRESS Plano, TX 75024	
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE V	NAME FOSTER, ROBERT B		<input checked="" type="checkbox"/> Delete	TITLE T	NAME Minder, Stephen W.	
STREET ADDRESS 82 DEVONSHIRE ST, BW10D	STREET ADDRESS BOSTON, MA 021093614		<input checked="" type="checkbox"/> Delete	STREET ADDRESS 277 Christopher Drive	STREET ADDRESS Forsyth, IL 62535	
CITY-ST-ZIP	CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE D	NAME O'NEIL, EUGENE		<input type="checkbox"/> Delete	TITLE S	NAME Ziegenfuss, Douglas E.	
STREET ADDRESS 247 MAITLAND AVE.	STREET ADDRESS ALTAMONTE SPRINGS, FL 32701		<input type="checkbox"/> Delete	STREET ADDRESS 5813 Hamlet Rd.	STREET ADDRESS Virginia Beach, VA 23464	
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE V	NAME HESPENHEIDE, ERIC		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 600 RENAISSANCE CTR, SUITE 900	STREET ADDRESS DETROIT, MI 48243		<input type="checkbox"/> Delete	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE S	NAME WHITTINGTON, OLIVER R		<input checked="" type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1 E JACKSON BLVD	STREET ADDRESS CHICAGO, IL 60093		<input checked="" type="checkbox"/> Delete	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 				PAID JAN 10 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1/10/08 Daytime Phone #: 407-937-1150		