

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002481

FILED
Mar 17, 2009
Secretary of State

Entity Name: INSTITUTE OF INTERNAL AUDITORS - RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

247 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 327014201

New Principal Place of Business:

Current Mailing Address:

247 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 327014201

New Mailing Address:

FEI Number: 59-1859804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: V () Delete
Name: ULREY, SUSAN D V
Address: 2400 1ST INDIANA PL
City-St-Zip: INDIANAPOLIS, IN 46204

Title: M (X) Delete
Name: VINCENTI, DOMINIQUE
Address: 247 MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: MINDER, STEPHEN W
Address: 777 CHRISTOPHER DRIVE
City-St-Zip: FORSYTH, IL 62535

Title: S () Delete
Name: ZIEGENFUSS, DOUGLASS E
Address: 5813 HAMLET RD.
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: V () Delete
Name: HESPENHEIDE, ERIC
Address: 600 RENAISSANCE CTR, SUITE 900
City-St-Zip: DETROIT, MI 48243

Title: V () Delete
Name: BERON, DENNIS K
Address: 6501 LEGACY DR.
City-St-Zip: PLANO, TX 75024

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
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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: EUGENE O'NEILL

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date