

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90064 014 \*\*\*\*61.25

**DOCUMENT # F02000004525**

1. Entity Name

**INTERNATIONAL ASSOCIATION OF ASSESSING  
OFFICERS CORPORATION**



Principal Place of Business

**314 W 10TH ST  
KANSAS CITY MD 64105**

Mailing Address

**314 W 10TH ST  
KANSAS CITY MD 64105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (5/05)

4. FEI Number

**36-2210012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DONATELLO, GEORGE A  
932 PRITCHARD IS RO  
INVERNESS FL 34450**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. AED OFFICERS AND DIRECTORS

TITLE NAME SIMPSON, LUPE M IAAO ☒ Delete  
STREET ADDRESS 130 EAST RANDOLPH STREET, SUITE 850  
CITY- ST- ZIP CHICAGO IL 60601  
P

TITLE NAME CHMURA, FREDERICK M ☒ Delete  
STREET ADDRESS 450 CAPITAL AVENUE, MS #54FOR  
CITY- ST- ZIP HARTFORD CT 06106-1380  
VP

TITLE NAME TROUT, WAYNE N ☐ Delete  
STREET ADDRESS 810 UNION ST., ROOM 402  
CITY- ST- ZIP NORFOLK VA 23510  
P-P

TITLE NAME WELCOME, PAUL A ☒ Delete  
STREET ADDRESS 111 S. CHERRY STREET #2100  
CITY- ST- ZIP OLATHE KS 66061  
P-E

TITLE NAME LLEWELLYN, WAYNE D ☐ Delete  
STREET ADDRESS 21 BUTLER CRESCENT  
CITY- ST- ZIP CALGARY, AB T2L 1K4 AB CANAD-A

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME EXECUTIVE DIRECTOR ☐ Change ☒ Addition  
NAME USA DANIELS  
STREET ADDRESS 314 W. 10th St.  
CITY- ST- ZIP Kansas City, MO 64105

TITLE NAME DIRECTOR OF ADMINISTRATION ☐ Change ☒ Addition  
NAME ANGELA BLAZEVIC  
STREET ADDRESS 314 W. 10th St.  
CITY- ST- ZIP Kansas City, MO 64105

TITLE NAME PRESIDENT- ELECT ☐ Change ☒ Addition  
NAME MARION JOHNSON  
STREET ADDRESS 1100 MASSACHUSETTS  
CITY- ST- ZIP LAWRENCE, KS 66044-3009

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

*USA DANIELS*

USA DANIELS

**50065387**

