2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# F03000004462

Entity Name: AARP INSTITUTE INC.

Current Principal Place of Business:

601 E. STREET, NW
WASHINGTON, DC 20049

New Principal Place of Business:

Current Mailing Address:

601 E. STREET, NW
TAX DEPARTMENT
WASHINGTON, DC 20049

New Mailing Address:

601 E. STREET, NW
C/O TAX DEPARTMENT
WASHINGTON, DC 20049

FEI Number: 52-0788950 **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: P ( ) Delete
Name: NOVELLI, WILLIAM D
Address: 601 E. STREET, NW A10-310
City-St-Zip: WASHINGTON, DC 20049

Title: T ( ) Delete
Name: HAGANS, ROBERT JR
Address: 601 E. STREET, NW A08-310
City-St-Zip: WASHINGTON, DC 20049

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NOVELLI, WILLIAM D T
Address: 601 E. STREET, NW
City-St-Zip: WASHINGTON, DC 20049

Title: T (X) Change ( ) Addition
Name: FORBES, A. JAMES T
Address: 601 E. STREET, NW
City-St-Zip: WASHINGTON, DC 20049

Title: S ( ) Change (X) Addition
Name: BARNETT, NELDA T
Address: 601 E STREET, NW
City-St-Zip: WASHINGTON, DC 20049

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: WILLIAM D. NOVELLI P 04/30/2008

Electronic Signature of Signing Officer or Director — Date