

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002213

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** INSTITUTE FOR THE INTERNATIONAL EDUCATION OF STUDENTS INC.

**Current Principal Place of Business:**

33 N LASALLE STREET SUITE 1500  
CHICAGO, IL 60602

**New Principal Place of Business:**

**Current Mailing Address:**

33 N LASALLE STREET SUITE 1500  
CHICAGO, IL 60602

**New Mailing Address:**

**FEI Number:** 36-2251912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: DWYER, MARY M  
Address: 33 N LASALLE STREET SUITE 1500  
City-St-Zip: CHICAGO, IL 60602

Title: VP ( ) Delete  
Name: HOYE, WILLIAM P  
Address: 33 N LASALLE STREET SUITE 1500  
City-St-Zip: CHICAGO, IL 60602

Title: CFO ( ) Delete  
Name: MARTENS, WILLIAM J  
Address: 33 N LASALLE STREET SUITE 1500  
City-St-Zip: CHICAGO, IL 60602

Title: VP ( ) Delete  
Name: MARTENS, WILLIAM J  
Address: 33 N LASALLE STREET SUITE 1500  
City-St-Zip: CHICAGO, IL 60602

Title: D ( ) Delete  
Name: MOORE, KATHRYN M  
Address: 208 POE HALL CAMPUS BOX 7801  
City-St-Zip: RALEIGH, NC 27695

Title: D ( ) Delete  
Name: COBLENTZ, JOHN  
Address: 640 DE LASALLE DR  
City-St-Zip: ROMEOVILLE, IL 60446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MARTENS, WILLIAM J  
Address: 33 N LASALLE STREET SUITE 1500  
City-St-Zip: CHICAGO, IL 60602

Title: D (X) Change ( ) Addition  
Name: GEAREN, JOHN  
Address: 71 W WACKER DR  
City-St-Zip: CHICAGO, IL 60606

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: WILLIAM HOYE

VP

07/01/2009

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

\_\_\_\_\_  
Date