2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# F08000002213

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 ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: DWYER, MARY M
Address: 33 N LASALLE STREET SUITE 1500
City-St-Zip: CHICAGO, IL 60602

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

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

Title: D
Name: GEAREN, JOHN
Address: 71 S. WACKER DR
City-St-Zip: CHICAGO, IL 60606

Title: D
Name: MOORE, KATHRYN M
Address: POE HALL 310G, CAMPUS BOX 7801
City-St-Zip: RALEIGH, NC 27695

Title: D
Name: MCDONALD, THOMAS
Address: 2 NORTH RIVERSIDE PLAZA, SUITE 1500
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J. MARTENS VP 04/26/2011

Electronic Signature of Signing Officer or Director — Date