## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000002213

FILED Mar 27, 2012 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

33 N LASALLE STREET **SUITE 1500** CHICAGO, IL 60602

**New Mailing Address: Current Mailing Address:** 

33 N LASALLE STREET **SUITE 1500** CHICAGO, IL 60602

FEI Number: 36-2251912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NRAI SERVICES, INC 515 E. PARK AVENUE TALLAHASSEE, FL 32301

US

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:**

**PRES** 

DWYER, MARY M Name:

Address: 33 N LASALLE STREET SUITE 1500

City-St-Zip: CHICAGO, IL 60602

Title:

Name: HOYE, WILLIAM P

Address: 33 N LASALLE STREET SUITE 1500

City-St-Zip: CHICAGO, IL 60602

Title: VΡ

MARTENS, WILLIAM J Name:

33 N LASALLE STREET SUITE 1500 Address:

City-St-Zip: CHICAGO, IL 60602

Title:

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

Title:

Name: MOORE, KATHRYN M

POE HALL 310G, CAMPUS BOX 7801 Address:

City-St-Zip: RALEIGH, NC 27695

Title:

MCDONALD, THOMAS Name:

Address: 2 NORTH RIVERSIDE PLAZA, SUITE 1500

CHICAGO, IL 60606 City-St-Zip:

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.

VΡ SIGNATURE: WILLIAM J. MARTENS 03/27/2012