

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003539

FILED
Apr 13, 2005
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF INSURANCE RECEIVERS, INC.

Current Principal Place of Business:

174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 51-0335737 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEYES, PAULA
174 GRACE BLVD.
ALTAMONTE SPRINGS, FL 32714 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: D () Delete
Name: GREER, ROBERT
Address: P.O. BOX 4338
City-St-Zip: CLARKSBURG, WV 26301

Title: D () Delete
Name: GETTY, PATRICIA
Address: 360 OAK TERRACE
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: ORTH, DANIEL
Address: 8420 W BYRN MAWR AVE STE 550
City-St-Zip: CHICAGO, IL 606313404

Title: T () Delete
Name: DEVITO, JOSEPH
Address: 7000 BLVD EAST
City-St-Zip: WEST NEW YORK, NJ 07093

Title: S () Delete
Name: WATKINS, DANIEL L
Address: 4311 WEST 6TH STREET STE C
City-St-Zip: LAWRENCE, KS 66049

Title: P (X) Delete
Name: GUTFREUND, I GEORGE
Address: PO BOX 31
City-St-Zip: TORONTO ONTARIO CANADA, M5L 1B2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANTILO, PATRICK
Address: 7501C N. CAPITOL OF TEXAS HWY
City-St-Zip: AUSTIN, TX 78731

Title: P (X) Change () Addition
Name: GETTY, PATRICIA
Address: 360 OAK TERRACE
City-St-Zip: ALPHARETTA, GA 30004

Title: D (X) Change () Addition
Name: ORTH, DANIEL
Address: 8420 W BYRN MAWR AVE STE 550
City-St-Zip: CHICAGO, IL 60631

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

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 for the exemption stated in Section 119.07(3)(i), 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: PAULA KEYES

D

04/13/2005

Electronic Signature of Signing Officer or Director

Date