2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N00000003617

Entity Name: INSTITUTE FOR LEARNING IN RETIREMENT, INC.

Current Principal Place of Business:

2601 ST. ANDREWS BLVD.
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

2601 ST. ANDREWS BLVD.
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-1015403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRIVOK, JAMES N
C/O ST. JOHN, DICKER, KRIVOK & CORE, P.A.
500 AUSTRALIAN AVE. SOUTH, STE. 600
WEST PALM BEACH, FL 33401 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: PD ( ) Delete
Name: SIMON, DAVID
Address: 2601 ST. ANDREWS BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: DVP ( ) Delete
Name: LIPOW, JASON
Address: 2601 ST. ANREWS BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Delete
Name: BAUM, ROBERT E
Address: 2601 ST.ANDREWS BLVD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LIPOW, JASON
Address: 2601 ST. ANDREWS BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Change ( ) Addition
Name: GLEICHENHAUS, HOWARD
Address: 2601 ST. ANREWS BLVD
City-St-Zip: BOCA RATON, FL 33434

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: JASON LIPOW PRES 02/26/2009

Electronic Signature of Signing Officer or Director — Date