2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012054

FILED Feb 14, 2008 Secretary of State

Entity Name: THE INTERNATIONAL UNIVERSITY, INC. **Current Principal Place of Business: New Principal Place of Business:** MONDSCHEINGASSE 16 A-1070 MONDSCHEINGASSE 16 A-1070 VIENNA, AUSTRIA, VIENNA, AUSTRIA, XX A-1070 **Current Mailing Address: New Mailing Address:** MONDSCHEINGASSE 16 A-1070 MONDSCHEINGASSE 16 A-1070 VIENNA, AUSTRIA, VIENNA, AUSTRIA, XX A-1070 XX FEI Number: 98-0443573 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOODHEER, WIL C Name: Name: 247 DEER HAVEN ROAD Address: Address: City-St-Zip: SPARTA, NC 28675 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BOYER, LINDA Name: BOYER, LINDA Address: MARIAHILFERSTRASSE A-1070 Address: LINDENGASSE 35/12 A-1070 City-St-Zip: VIENNA AUSTRIA, 35/12 City-St-Zip: VIENNA AUSTRIA, XX 35/12 Title: () Delete Title: (X) Change () Addition DEDERSCHECK, HANS Name: DEDERSCHECK, HANS Name: MONDSCHEINGASSE 16 A-1070 MONDSCHEINGASSE 16 A-1070 Address: Address: City-St-Zip: VIENNA, AUSTRIA, City-St-Zip: VIENNA, AUSTRIA, XX

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: LINDA BOYER V 02/14/2008