FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19721 (2)

1. Corporation Name

THE INTERNATIONAL AFFILIATION OF INDEPENDENT ACC OUNTING FIRMS' EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O ARTHUR GOESSEL 9200 S. DADELAND BLVD. #510 MIAMI FL 33156	C/O ARTHUR GOESSEL 9200 S. DADELAND BLVD. #510 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1987
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2963925 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOESSEL, ARTHUR
9200 S. DADELAND BLVD, #510
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KENNEDY, ROBERT	1.2 NAME	AJ. ROBBINS	
STREET ADDRESS	4-8 ANGASSTREET	1.3 STREET ADDRESS	3033 EAST. 1ST. AVENUE, SUITE 201	
CITY-ST-ZIP	ADELAIDE, AUSTRALIA	1.4 CITY-ST-ZIP	DENVER, COLORADO 80206	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RUEBELMANN, LOUIS B.	2.2 NAME		
STREET ADDRESS	2029 BLACK FIR CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	RESTON VA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPPER, PAUL	3.2 NAME		
STREET ADDRESS	1 PARK PL, CANARY WHARF	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, U.K.	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	REID, DENNIS	4.2 NAME	CUMMINGS, ROY	
STREET ADDRESS	10 BAY ST, STE 801	4.3 STREET ADDRESS	1285 WEST BROADWAY	
CITY-ST-ZIP	TORONTO, CAN	4.4 CITY-ST-ZIP	SUITE 512,VANCOUVER,B.C.V6H 3X8,CANADA	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	STEVENS, GREGORY	5.2 NAME	ROHNER, MARYANN	
STREET ADDRESS	FELIX BOIX, 14, ENTREPLA	5.3 STREET ADDRESS	STAMPFENBACHSTRASSE 153,CH-8035 ZURICH	
CITY-ST-ZIP	MADRID, SPAIN	5.4 CITY-ST-ZIP	SWITZERLAND	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILNEFF, ROBERT	6.2 NAME		
STREET ADDRESS	250 S WACKER DR #800	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Wilneff 4/10/95 312 930-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT WILNEFF

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