

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 20, 2012
Secretary of State

DOCUMENT# N22161

Entity Name: PALM BEACH COUNTY CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.**Current Principal Place of Business:**901 PENINSULA CORPORATE CIRCLE
BOCA RATON, FL 33487**New Principal Place of Business:**ONE SOUTH COUNTY ROAD
PALM BEACH, FL 33480**Current Mailing Address:**901 PENINSULA CORPORATE CIRCLE
BOCA RATON, FL 33487**New Mailing Address:**ONE SOUTH COUNTY ROAD
PALM BEACH, FL 33480**FEI Number:** 65-0004185**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PARKER, SCOTT C CIA
901 PENINSULA CORPORATE CIRCLE
C/O NCCI INTERNAL AUDIT DEPT.
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**FERRARI, PAULA L
ONE SOUTH COUNTY ROAD
C/O INTERNAL AUDIT DEPT.
PALM BEACH, FL 33480 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: PAULA L. FERRARI

09/20/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: PARKER, SCOTT C CIA
Address: 901 PENINSULA CORPORATE CIRCLE
City-St-Zip: BOCA RATON, FL 33487 US

Title: V
Name: FRIAS, MARIA CBA,CIA
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

Title: T
Name: FERRARI, PAULA L
Address: ONE SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480 US

Title: S
Name: BOUYEA, KATIE CIA
Address: ONE SOUTH COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480 US

Title: V
Name: GRIFEL, STUART CIA,CGA
Address: 21403 CAMPO AVENUE
City-St-Zip: BOCA RATON, FL 33433 US

Title: AT
Name: NUZZOLO, CHERYL CPA
Address: 531 TOMAHAWK CT
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: PAULA L. FERRARI

T

09/20/2012

Electronic Signature of Signing Officer or Director_____
Date