

SECTION 1: THIS CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:08

DOCUMENT # **N46979** (3)  
 1. Corporation Name  
**INSTITUTE FOR RESEARCH ON BOARDS OF DIRECTORS, I NC.**

Principal Place of Business Mailing Address  
**2557 RINGLING BLVD SARASOTA FL 34231** **2557 RINGLING BLVD SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/22/1992</b>	3a. Date of Last Report <b>10/11/1994</b>
4. FEI Number <b>65-0311018</b>	Accepted For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing/Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. The corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**INGRID C. NUTTER**  
**240 N. WASHINGTON BLVD**  
**SUITE 430**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer (applicant) (2011) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. AGENTS AND MANAGERS (SEE INSTRUCTIONS TO DIRECTOR'S REPORT)	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL PERLIS I	1.2 NAME	
STREET ADDRESS	2029 CENTURY PARK EAST	1.3 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA 90087	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, PUTTEN V	2.2 NAME	
STREET ADDRESS	8200 HOPMEADOW ST	2.3 STREET ADDRESS	
CITY ST ZIP	SIMS BURY CP 08070	2.4 CITY ST ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD FOUNTAIN	3.2 NAME	
STREET ADDRESS	2908 PAXTON RD	3.3 STREET ADDRESS	
CITY ST ZIP	SHAKER HEIGHTS OH 44120	3.4 CITY ST ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE LEVY	4.2 NAME	
STREET ADDRESS	2557 RINGLING BLVD	4.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34237	4.4 CITY ST ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD SMUCKER	5.2 NAME	
STREET ADDRESS	1776 RINGLING BLVD	5.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34236	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, PHILIP R.	6.2 NAME	
STREET ADDRESS	178 WILLOW STREET	6.3 STREET ADDRESS	
CITY ST ZIP	SOUTHPORT CT	6.4 CITY ST ZIP	

This director has retired and is no longer a director.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 110.07(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 as an attachment with an address.

SIGNATURE: *Leslie Levy* **LESLIE LEVY** PRESIDENT 4/26/95 813-362-3446  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E037 (3/95)