

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000668

FILED
Jan 14, 2011
Secretary of State

Entity Name: TALLAHASSEE CHAPTER OF THE INSTITUTE OF INTERNAL AUDITORS, INC.

Current Principal Place of Business:

605 SUWANNEE STREET, M.S. 44
FDOT/OIG
TALLAHASSEE, FL 323990450 US

New Principal Place of Business:

111 W. MADISON ST.
RM 576
TALLAHASSEE, FL 32399

Current Mailing Address:

P.O. BOX 10049
TALLAHASSEE, FL 323022049

New Mailing Address:

FEI Number: 59-3093907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, SUSAN
605 SUWANNEE STREET, M.S. 44
FDOT/OIG
TALLAHASSEE, FL 323990450 US

Name and Address of New Registered Agent:

MONIZ, SARAH
111 W MADISON ST,
RM 576
TALLAHASSEE, FL 323990312 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: SARAH MONIZ

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: MONIZ, SARAH TREASUR
Address: 111 W MADISON ST, RM 576
City-St-Zip: TALLAHASSEE, FL 323990312

Title: P
Name: AITA, JOSEPH PRESIDE
Address: 3900 COMMONWEALTH BLVD.
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: VP
Name: SCHLAUDRAFF, DEANNA VICE PR
Address: 1203 GOVERNORS SQUARE BLVD, STE. 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: V
Name: NELSON, CHRISTA VP TRAN
Address: 200 EAST GAINES STREET, 121F
City-St-Zip: TALLAHASSEE, FL 32399

Title: S
Name: ALLEN, STEPHANIE SEC
Address: 203 GOVERNORS SQUARE BLVD, STE. 400
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PP
Name: SGOUROS, STEPHANIE P PRES
Address: 227 N. BRONOUGH STREET, STE. 5000
City-St-Zip: TALLAHASSEE, FL 32301 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: SARAH MONIZ

TREA

01/14/2011

Electronic Signature of Signing Officer or Director

Date