

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L., 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L., 7-6-91) is subject to a penalty fee of \$25,00

penalty fee of \$25.00.					, ,	
1. Convorate ID No.	2. Name of Corporation					
404467	Institute for the	International Educat				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
IL .	<u> </u>				1	
5. Foreign corporation. Enter prin	icipal office address		City	State	Zip	
33 N LaSalle St, Suite 1500			CHICAGO	l IL	60602	
6. Brief Description of the character	of the affairs which ar	e actually conducted in Rh	ode Island			
Third-party provider of stud	y abroad for Ame	rican students				
7. NAMES AND ADDRESSE	S OF THE OFFICI	ERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Mary Dwyer			NONE			
Street Address			Street Address			
33 N LaSalle St, Suite 15		T		<u> </u>		
Chicago	State	Zip	City	State	Zip	
Secretary Name] IL	60602				
William Hoye			Treasurer Name			
Street Address			William J Martens			
	500		Street Address			
33 N LaSalle St, Suite 1500			33 N LaSalle St, Suite 1500			
•	State	Zip	City	State	Zip	
Chicago	HL Coe the direct	60602	Chicago	1∟	60602	
8. NAMES AND ADDRESSES	OF THE DIRECT	TORS: ("X" BOX FOR A	ATTACHMENT) FILL IN SP.	ACES BEFORE USING	ATTACHMENTS	
Director Name	ORS OF A DOMES	STIC (RHODE ISLAN	D) CORPORATION <u>SHALL</u>	NOT BE LESS THAN	THREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Kathryn Moore			John Coblentz			
Street Address			Street Address			
33 N LaSalle St, Suite 1500			33 N LaSalle St, Suite 1500			
City	State	Zip	City	State	Zip	
Chicago	IL	60602	Chicago	<u>IL</u>	60602	
Director Name			Director Name			
John Gearen		 	NONE			
Street Address			Street Address			
33 N LaSalle St, Suite 15		<u> </u>				
City	State	Zip	City	State	Zip	
Chicago	IL number of the	60602	I			
9. REGISTERED AGENT IN	KHODE ISLAND				·	
This information is currently of	of record in the Of	fice of the Secretary of	State. Changes require filing	of Form 641 PICI	7 6 13/7 6 79	
						
This report must	be signed by eith	er the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer	, Receiver or Trustee	

File Date	FILED
Check No.	JUN 01 2009
Ву:	8V 40157
	FOR SECRETARY OF STATE USE ONLY

nder penalty of perjury, I declare and affirm that I have examined the	nis
port, including any accompanying schedules and statements, and that	all
atements contained herein are true and correct.	
5/26/2	,
gnature of Officer Date	_
<u>Villiam Hoye</u>	
int or Type Name of Officer	_
ecretary	
tle of Officer	_