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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 10/05/2007

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Institute Management Accountants

Address 10 Paragon Drive

City Montvale

State NJ

Zip 07645

4. Principal place of business (if different than line 3)

City _____

State _____

Zip _____

5. Telephone number and contact name

201-474-1590

Contact Mr.

Mark C. Boyland

E-mail mboyland@imanet.org

6. General description of registrant's business or activities

Not-for-Profit Association of Certified Management Accountants

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the labeled "Self" and proceed to line 10.* ☒ Self

7. Client name Institute Management Accountants

Address _____

City _____

State _____

Zip _____

8. Principal place of business (if different than line 7)

City _____

State _____

Zip _____

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Mark Boyland	

Registrant Name Institute Management Accountants

Client Name Institute Management Accountants

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, I

BAN

FIN

SMB

12. Specific lobbying issues (current and anticipated)

Reauthorization and Clarification of
Sarbanes-Oxley Act

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?

☒ No ⇒ Go to line 14.

☐ Yes ⇒ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of Busin (city and state or coun

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes a the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome lobbying activity?

☒ No ⇒ Sign and date the registration.

☐ Yes ⇒ Complete the rest of this section for each enti matching the criteria above, then sign and da registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Mark C Boyland

Digitally signed by Mark C Boyland
DN: CN = Mark C Boyland, C = US, O = DST ACES Business
Representative, OU = INSTITUTE OF MANAGEMENT ACCOUNTANTS
Date: 2007.01.02 13:22:41 -0500

Senate Password

Date 1/2/2007

Printed Name and Title Mark C. Boyland

9610700000

