

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006611

FILED
Aug 13, 2007
Secretary of State

Entity Name: CLARE BOOTHE LUCE POLICY INSTITUTE, INC.

Current Principal Place of Business:

112 ELDEN ST STE P
HERNDON, VA 20170

New Principal Place of Business:

Current Mailing Address:

112 ELDEN ST STE P
HERNDON, VA 20170

New Mailing Address:

FEI Number: 54-1672138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, MARY B
Address: 44 TOURAN LN
City-St-Zip: GOLETA, CA 93117

Title: D () Delete
Name: KENNEY, BARBARA
Address: 16245 SE 31ST ST
City-St-Zip: BELLEVUE, WA 98008

Title: PD () Delete
Name: EASTON, MICHELLE
Address: 112 ELDEN ST STE P
City-St-Zip: HERNDON, VA 20170

Title: ST () Delete
Name: DONATELL, FRANK
Address: 831 HERBERT SPRINGS RD
City-St-Zip: ALEXANDRIA, VA 22308

Title: D () Delete
Name: RICHARDSON, HELEN
Address: 3160 GRACEFIELD RD RM 130
City-St-Zip: SILVER SPRING, MD 20904

Title: D () Delete
Name: PARTRIDGE, DARLA
Address: 1201 PINE ST
City-St-Zip: EL DORADO, IL 62930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: DONATELLI, FRANK
Address: 831 HERBERT SPRINGS RD
City-St-Zip: ALEXANDRIA, VA 22308

Title: D (X) Change () Addition
Name: PHILLIPS, RANDALL
Address: 1015 BASIL ROAD
City-St-Zip: MCLEAN, VA 22101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE EASTON

PRES

08/13/2007

Electronic Signature of Signing Officer or Director

Date