

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006611

**Entity Name:** CLARE BOOTHE LUCE POLICY INSTITUTE, INC.**Current Principal Place of Business:**112 ELDEN ST STE P  
HERNDON, VA 20170**Current Mailing Address:**112 ELDEN ST STE P  
HERNDON, VA 20170**FEI Number:** 54-1672138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title	PD
Name	EASTON, MICHELLE
Address	112 ELDEN ST STE P
City-State-Zip:	HERNDON VA 20170

Title	ST
Name	DONATELLI, FRANK
Address	831 HERBERT SPRINGS RD
City-State-Zip:	ALEXANDRIA VA 22308

Title	D
Name	OBENSHAIN, KATE
Address	110 A ELDEN STREET
City-State-Zip:	HERNDON VA 20170

Title	D
Name	PARTRIDGE, DARLA
Address	1201 PINE ST
City-State-Zip:	EL DORADO IL 62930

Title	D
Name	ROSS, MARJI
Address	6213 NETHERCOMBE COURT
City-State-Zip:	MCLEAN VA 22101

Title	DIRECTOR
Name	LUCE, CLARE
Address	2893 ST. HELENA HIGHWAY N.
City-State-Zip:	ST. HELENA CA 94575

Title	DIRECTOR
Name	MEESE, URSULA
Address	112 ELDEN ST STE P
City-State-Zip:	HERNDON VA 20170

Title	DIRECTOR
Name	KENNEY, BARBARA
Address	112 ELDEN ST STE P
City-State-Zip:	HERNDON VA 20170

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*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: MICHELLE EASTON****PRESIDENT****03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CONWAY, KELLYANNE
Address	112 ELDEN ST STE P
City-State-Zip:	HERNDON VA 20170