

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

DOCUMENT# F06000006611

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC5726833807**

**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

**Continues on page 2**

*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