

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000686

FILED
Apr 12, 2016
Secretary of State
CC6169836668

Entity Name: AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES INCORPORATED

Current Principal Place of Business:

1000 THOMAS JEFFERSON STREET, NW
WASHINGTON, DC 20007

Current Mailing Address:

1000 THOMAS JEFFERSON STREET, NW
WASHINGTON, DC 20007

FEI Number: 25-0965219

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: AMY S. ZEIGLER

04/12/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MYERS, DAVID
Address 1000 THOMAS JEFFERSON ST., NW
City-State-Zip: WASHINGTON DC 20007

Title SECRETARY
Name KILPATRICK, DONA
Address 1000 THOMAS JEFFERSON ST., NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name GURIN, PATRICIA B.
Address 1000 THOMAS JEFFERSON STREET,
 NW
City-State-Zip: WASHINGTON DC 20007

Title TREASURER
Name AHLGRIMM, MARIJO
Address 1000 THOMAS JEFFERSON ST., NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name BOBO, LAWRENCE D.
Address 1000 THOMAS JEFFERSON STREET,
 NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name BARONI, GREG
Address 1000 THOMAS JEFFERSON STREET,
 NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name HAMBURG , EDWARD
Address 1000 THOMAS JEFFERSON ST., NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name PASTOR , MANUEL
Address 1000 THOMAS JEFFERSON STREET,
 NW
City-State-Zip: WASHINGTON DC 20007

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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: DONA KILPATRICK

SECRETARY

04/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PELAVIN , SOL H.
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name LIAKOPOULOS , ANDREW
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name CANTOR , NANCY E.
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name LEWIS, DELANO
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name MCKINLESS , KATHY
Address 1000 THOMAS JEFFERSON STREET,
NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name BORUCH, ROBERT F.
Address 1000 THOMAS JEFFERSON STREET,
NW
City-State-Zip: WASHINGTON DC 20007

Title DIRECTOR
Name KIESLER , SARA B.
Address 1000 THOMAS JEFFERSON STREET,
NW
City-State-Zip: WASHINGTON DC 20007