

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000686

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**3650578327CC**

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

**Current Principal Place of Business:**

1000 THOMAS JEFFERSON ST., NW  
WASHINGTON, DC 20007

**Current Mailing Address:**

1000 THOMAS JEFFERSON ST., NW  
WASHINGTON, DC 20007 US

**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**

**01/14/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR, CEO

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 CHAIRMAN

Name GURIN, PATRICIA B.

Address 1000 THOMAS JEFFERSON STREET,  
NW

City-State-Zip: WASHINGTON DC 20007

Title TREASURER, EVP, CFO

Name AHLGRIMM, MARIJO

Address 1000 THOMAS JEFFERSON ST., NW

City-State-Zip: WASHINGTON DC 20007

Title VC

Name BOBO, LAWRENCE D.

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

Title DIRECTOR

Name PELAVIN , SOL H.

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**

**01/14/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name LIAKOPOULOS , ANDY  
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