

2015 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000000686

FILED
Oct 13, 2015
Secretary of State
CR9992233101

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

10/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name MYERS, DAVID
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

Title S
Name KILPATRICK, DONA
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

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

Title SVP, T, CFO
Name AHLGRIMM, MARIJO
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

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

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

Title D
Name HAMBURG, EDWARD
Address 1000 THOMAS JEFFERSON STREET, NW
City-State-Zip: WASHINGTON DC 20007

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

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: DONA KILPATRICK

SECRETARY

10/13/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title D
Name MCKINLESS , KATHY
Address 10000 THOMAS JEFFERSON STREET,
NW
City-State-Zip: WASHINGTON DC 20007

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

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