

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

DOCUMENT# F12000003547

**Entity Name:** THE WASHINGTON INSTITUTE FOR NER EAST POLICY, INC.

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC8695397514**

**Current Principal Place of Business:**

1828 L STREET, NW, SUITE 1050  
WASHINGTON, DC 20036

**Current Mailing Address:**

1828 L STREET, NW, SUITE 1050  
WASHINGTON, DC 20036

**FEI Number: 52-1376034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

AUFSEESER, JEANNE  
9625 CAMPI DRIVE  
LAKEWORTH, FL 33467 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           TREASURER  
Name           WAGNER, SUSAN  
Address        1828 L STREET, NW, SUITE 1050  
City-State-Zip: WASHINGTON DC 20036

Title           D  
Name           BEYER, ANTHONY  
Address        1828 L STREET, NW, SUITE 1050  
City-State-Zip: WASHINGTON DC 20036

Title           SECRETARY  
Name           BOROW, RICHARD  
Address        1828 L STREET, NW, SUITE 1050  
City-State-Zip: WASHINGTON DC 20036

Title           CHAIRMAN  
Name           GROSS, MARTIN  
Address        1828 L STREET, NW, SUITE 1050  
City-State-Zip: WASHINGTON DC 20036

Title           PRESIDENT  
Name           ABRAMSON, RICHARD  
Address        1828 L STREET, NW, SUITE 1050  
City-State-Zip: WASHINGTON DC 20036

*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: RICHARD ABRAMSON**

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date