

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000533

Entity Name: WASHINGTON POLICY AND ANALYSIS, INC.**Current Principal Place of Business:**1025 THOMAS JEFFERSON STREET, NW
WASHINGTON, DC 20007**Current Mailing Address:**101 PARAMOUNT DRIVE
STE. 100
SARASOTA, FL 34232**FEI Number:** 52-1888644**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	D
Name	ETTER, THOMAS C
Address	711 3RD AVENUE, 8TH FL
City-State-Zip:	NEW YORK NY 10017

Title	VP/S
Name	ETTER, THOMAS C
Address	711 3RD AVENUE, 8TH FL
City-State-Zip:	NEW YORK NY 10017

Title	D
Name	MARTELL, PATRICK
Address	CHRISTCHURCH COURT, 10-15 NEWGATE STREET
City-State-Zip:	LONDON, EC1A 7AZ, UK AL

Title	PCEO
Name	MARTIN, WILLIAM
Address	5335 WISCONSIN AVENUE, 9TH FL
City-State-Zip:	WASHINGTON DC 20015

Title	CFOT
Name	DONAGHER, KEVIN
Address	ONE RESEARCH DRIVE
City-State-Zip:	WESTBOROUGH MA 01581

Title	AS
Name	PETER, PATRICIA
Address	711 3RD AVENUE, 8TH FL
City-State-Zip:	NEW YORK NY 10017

Title	EVP
Name	SCOTT, THOMAS
Address	5335 WISCONSIN AVENUE, 9TH FL
City-State-Zip:	WASHINGTON DC 20015

Title	VP OF TAX
Name	MARC , LEVINE
Address	101 PARAMOUNT DRIVE 100
City-State-Zip:	SARASOTA FL 34232

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC LEVINE

VP OF TAX

03/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date