

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90048 020 ****61.25

DOCUMENT # F04000002902

1. Entity Name
**PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION,
INC.**



Principal Place of Business
**11710 BELTSVILLE DRIVE
SUITE 300
CALVERTON, MD 20705**

Mailing Address
**11710 BELTSVILLE DRIVE
SUITE 300
CALVERTON, MD 20705**

50005931



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2243283

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark S. Eppley*
**Mark S. Eppley
Assistant Vice-President
and Secretary**

(NOTE: Registered Agent signature required when reinstating)

DATE *1/18/05*

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, ROBERT
STREET ADDRESS	11710 BELTSVILLE DRIVE
CITY-ST-ZIP	CALVERTON, MD 20705
TITLE	TV
NAME	LANGEVIN, TED
STREET ADDRESS	11710 BELTSVILLE DRIVE
CITY-ST-ZIP	CALVERTON, MD 20705
TITLE	S
NAME	WILLIAMS, DIANE
STREET ADDRESS	11710 BELTSVILLE DRIVE
CITY-ST-ZIP	CALVERTON, MD 20705
TITLE	D
NAME	MCCRADY, BARBARA S PH.D
STREET ADDRESS	607 ALLISON ROAD
CITY-ST-ZIP	PISCATAWAY, NJ 088548001
TITLE	D
NAME	JOHNSON, GWENDOLYN GAIL
STREET ADDRESS	2500 ALHAMBRA AVE.
CITY-ST-ZIP	MARTINEZ, CA 94553
TITLE	D
NAME	AMES, GENEVIEVE M PH.D
STREET ADDRESS	1995 UNIVERSITY AVE. SUITE 450
CITY-ST-ZIP	BERKELEY, CA

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ted Langevin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2005 301-755-2700