

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002902

FILED  
Jan 31, 2006  
Secretary of State

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

**Current Principal Place of Business:**

11710 BELTSVILLE DRIVE  
SUITE 300  
CALVERTON, MD 20705

**New Principal Place of Business:**

11710 BELTSVILLE DRIVE  
SUITE 125  
CALVERTON, MD 20705

**Current Mailing Address:**

11710 BELTSVILLE DRIVE  
SUITE 300  
CALVERTON, MD 20705

**New Mailing Address:**

11710 BELTSVILLE DRIVE  
SUITE 125  
CALVERTON, MD 20705

**FEI Number:** 94-2243283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARPENTER, ROBERT  
Address: 11710 BELTSVILLE DRIVE  
City-St-Zip: CALVERTON, MD 20705

Title: TV ( ) Delete  
Name: LANGEVIN, TED  
Address: 11710 BELTSVILLE DRIVE  
City-St-Zip: CALVERTON, MD 20705

Title: S ( ) Delete  
Name: WILLIAMS, DIANE  
Address: 11710 BELTSVILLE DRIVE  
City-St-Zip: CALVERTON, MD 20705

Title: D ( ) Delete  
Name: MCCRADY, BARBARA S PH.D  
Address: 607 ALLISON ROAD  
City-St-Zip: PISCATAWAY, NJ 088548001

Title: D ( ) Delete  
Name: JOHNSON, GWENDOLYN GAIL  
Address: 2500 ALHAMBRA AVE.  
City-St-Zip: MARTINEZ, CA 94553

Title: D ( ) Delete  
Name: AMES, GENEVIEVE M PH.D  
Address: 1995 UNIVERSITY AVE. SUITE 450  
City-St-Zip: BERKELEY, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY KLIG

DIRF

01/31/2006

Electronic Signature of Signing Officer or Director

Date