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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90041 045 \*\*\*150.00

DOCUMENT # F98000003013

1. Corporation Name

THE INSTITUTE FOR ECONOMETRIC RESEARCH, INCORPORATED

Principal Place of Business

2200 SOUTHWEST TENTH ST.  
DEERFIELD BEACH FL 33342

Mailing Address

2200 SOUTHWEST TENTH ST.  
DEERFIELD BEACH FL 33342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

59-1357729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME PARKER, GLEN KING  
STREET ADDRESS 2200 SOUTHWEST TENTH ST.  
CITY-ST-ZIP DEERFIELD BEACH FL 33342

TITLE P ☐ DELETE

NAME WASHINGTON, MICHELLE M  
STREET ADDRESS 2200 SOUTHWEST TENTH ST.  
CITY-ST-ZIP DEERFIELD BEACH FL 33342

TITLE D ☐ DELETE

NAME RIPP, JOSEPH A  
STREET ADDRESS 1271 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

TITLE VS ☐ DELETE

NAME MCCARTHY, ROBERT E  
STREET ADDRESS 1271 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

TITLE V ☐ DELETE

NAME MITCHELL, E. LEN  
STREET ADDRESS 1271 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

TITLE V ☐ DELETE

NAME CHRISTIE, WARREN A  
STREET ADDRESS 1271 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 (954) 421 1000  
Date Daytime Phone #

CR2E034 (11/98)