

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

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009727-

1. Entity Name
**INSTITUTE FOR RESEARCH MIDDLE EASTERN POLICY,
INC.**



Principal Place of Business
**1030 15TH ST NW #920
WASHINGTON, DC 20007**

Mailing Address
**PO BOX 32041
WASHINGTON, DC 20007**



05062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0586523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST., LOWER LEVEL
TALLAHASSEE, FL 32301**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOB
SMITH, GRANT
PO BOX 32041
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCHR
SEFAIR, JUAN
PO BOX 32041
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZABALA, JUAN
PO BOX 32041
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILMSEN, DAVID
P.O. BOX 32041
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LE GASSICK, TREVOR
P.O. BOX 32041
WASHINGTON, DC 20007**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000365231
05/10/05-80001-010 81.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2005

202-342-7325