

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**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**



04242007 No Chg-NP CR2E037 (4/06)

**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.  
515 E. PARK AVE.  
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 May 1, 2007**

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

000000738925  
05/14/07-80005-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #