

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE



07212008 No Chg-NP CR2E037 (4/06)

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 September 12, 2008**

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

U00000956317
07/25/08-80003-006 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 the 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 #