

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009727

FILED
Apr 26, 2009
Secretary of State

Entity Name: INSTITUTE FOR RESEARCH MIDDLE EASTERN POLICY, INC.

Current Principal Place of Business:

1030 15TH ST NW #920
WASHINGTON, DC 20007

New Principal Place of Business:

Current Mailing Address:

PO BOX 32041
WASHINGTON, DC 20007

New Mailing Address:

FEI Number: 81-0586523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: PCOB () Delete
Name: SMITH, GRANT
Address: PO BOX 32041
City-St-Zip: WASHINGTON, DC 20007

Title: VCHR () Delete
Name: SEFAIR, JUAN
Address: PO BOX 32041
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: ZABALA, JUAN
Address: PO BOX 32041
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: WILMSEN, DAVID
Address: P.O. BOX 32041
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: LE GASSICK, TREVOR
Address: P.O. BOX 32041
City-St-Zip: WASHINGTON, DC 20007

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BLANKFORT, JEFFREY
Address: P.O. BOX 32041
City-St-Zip: WASHINGTON, DC 20007

I hereby certify that the information supplied with this filing does not qualify 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: GRANT F SMITH

PCOB

04/26/2009

Electronic Signature of Signing Officer or Director

Date