

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002902

Entity Name: PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION, INC.**Current Principal Place of Business:**11720 BELTSVILLE DRIVE
SUITE 900
BELTSVILLE, MD 20705-3111**Current Mailing Address:**11720 BELTSVILLE DRIVE
SUITE 900
BELTSVILLE, MD 20705-3111 US**FEI Number:** 94-2243283**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title PRESIDENT, CEO
Name MURPHY, BERNARD E PHD
Address 11720 BELTSVILLE DRIVE
 SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title SECRETARY
Name WILLIAMS, DIANE
Address 11720 BELTSVILLE DRIVE
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name HOLDER, HAROLD PH.D.
Address 11720 BELTSVILLE DRIVE
City-State-Zip: BELTSVILLE MD 20705

Title DIRECTOR
Name MAXWELL, JANE CARLISLE PHD
Address 11720 BELTSVILLE DR.
 STE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title CFO, TREASURER
Name KLIG, GARY
Address 11720 BELTSVILLE DRIVE
City-State-Zip: BELTSVILLE MD 20705

Title CHAIRMAN
Name O'NEILL, BRIAN
Address 11720 BELTSVILLE DRIVE
City-State-Zip: BELTSVILLE MD 20705

Title DIRECTOR
Name CLAYTON, RICHARD PHD
Address 11720 BELTSVILLE DR., STE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name ROMANO, EDUARDO PHD
Address 11720 BELTSVILLE DRIVE
 SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: GARY KLIG

CFO/TREASURER

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ERIKSON, MICHAEL SC.D.
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name STEIN-SEROUSSI, ALAN PH.D
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name FRIEND, KAREN
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name COURSER, MATTHEW PHD
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name CLARK, H. WESTLEY
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name DEGUTIS, LINDA C.
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111