

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002902

Entity Name: PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION, INC.**FILED**
Apr 29, 2019
Secretary of State
5869999677CC**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:**COGENCY GLOBAL 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 VICE - CHAIR, DIRECTOR
Name DEGUTIS, LINDA C.
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 MAXWELL, JANE CARLISLE PH.D.
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

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

Title DIRECTOR
Name FAGAN, PEBBLES PH.D., MPH
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

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

Title DIRECTOR
Name SALTZ, BOB PH.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

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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****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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

Title CFO/TREASURER
Name KLIB, GARY
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

Title DIRECTOR
Name HORN, KIMBERLY ED.D
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

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

Title SECRETARY
Name GORDON., MARY V.
Address 11720 BELTSVILLE DRIVE
SUITE 900
City-State-Zip: BELTSVILLE MD 20705-3111

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