2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2018
Secretary of State
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Entity Name: HIGHSCOPE EDUCATIONAL RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

600 NORTH RIVER STREET
YPSILANTI, MI 48198

Current Mailing Address:

600 NORTH RIVER STREET
YPSILANTI, MI 48198

FEI Number: 23-7001501

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTEALEGRE, CAROL C
1322 CASTILE AVENUE
CORAL GABLES, FL 33134 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	C
Name	BREDEKAMP, SUE
Address	2608 CREST AVENUE
City-State-Zip:	CHEVERLY MD 20785

Title	CHAIRMAN
Name	MARTELLA, JANA
Address	1025 THOMAS JEFFERSON STREET, NW, STE 700
City-State-Zip:	WASHINGTON DC 20007

Title	CFO
Name	SCHWARTZ, STEVE
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	CHIEF OPERATING OFFICIER
Name	HRATCHIAN, ARMEN
Address	600 N RIVER ST
City-State-Zip:	YPSILANTI MI 48198

Title	D
Name	LOPEZ, MICHAEL L
Address	4550 MONTGOMERY AVENUE, SUITE 800 NORTH
City-State-Zip:	BETHESA MD 20814-3343

Title	P
Name	POLK, CHERYL
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	CHIEF STRATEGY OFFICIER
Name	LEGER, BRENDA
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	D
Name	LASH FREEMAN, BONNIE
Address	3617 NORTHWEST PARKWAY
City-State-Zip:	LOUISVILLE KY 40212

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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: STEVEN SCHWARTZ CFO 01/26/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	C
Name	STIPEK, DEBORAH
Address	130 FOX HOLLOW
City-State-Zip:	WOODSIDE CA 94062

Title	DIRECTOR
Name	MURPHY, TERRY
Address	5017 RED FOX RUN
City-State-Zip:	ANN ARBOR MI 48105

Title	DIRECTOR
Name	CORRAL-TERRAZAS, GLORIA
Address	1245 FARMERVILLE ST
City-State-Zip:	CHULA VISTA CA 91921

Title	CHAIRMAN
Name	GARDNER, CYNTHIA
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	DIRECTOR
Name	STOKES II, BRYAN
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	DIRECTOR
Name	GOERL, AMY
Address	8 TWIN LIGHTS COURT
City-State-Zip:	HIGHLANDS NJ 07732

Title	DIRECTOR
Name	MCDONALD, KRISTEN
Address	100 TALON CENTRE DRIVE STE 100
City-State-Zip:	DETROIT MI 48207

Title	DIRECTOR
Name	SAMUEL, AALIYAH
Address	8018 OAK BRIDGE LANE
City-State-Zip:	FAIRFAX STATION VA 22039

Title	DIRECTOR
Name	MEYERS HYDE, ELIZABETH
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198

Title	CHIEF RESEARCH OFFICER
Name	IRUKA, IHEOMA
Address	600 NORTH RIVER STREET
City-State-Zip:	YPSILANTI MI 48198