

1.) CORPORATION NAME:

**AMERICAN INSTITUTES FOR RESEARCH IN THE
BEHAVIORALSCIENCES**

DUE DATE: **7/31/2011**

SCC ID NO: **F1211871**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES C. BRINCEFIELD
526 King Street, Suite 423
Alexandria, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 THOMAS JEFFERSON ST NW

CITY/ST/ZIP: WASHINGTON, DC 20007-3541

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	PATRICIA B GURIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1000 THOMAS JEFFERSON ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME:	DONA KILPATRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1000 THOMAS JEFFERSON ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME:	MARIJO AHLGRIMM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	1000 THOMAS JEFFERSON ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME:	DAVID MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1000 THOMAS JEFFERSON ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME:	GREG BARONI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 THOMAS JEFFERSON ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20007-		

NAME: LAWRENCE D BOBO TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT F BORUCH TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY E CANTOR TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SARA B KIESLER TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DELANO LEWIS TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KATHY MCKINLESS TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SOL H PELAVIN TITLE: DIRECTOR ADDRESS: 1000 THOMAS JEFFERSON ST NW CITY/ST/ZIP/CO: WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DONA KILPATRICK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONA KILPATRICK, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
6/8/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	