

1.) CORPORATION NAME:

**AMERICAN INSTITUTES FOR RESEARCH IN
THEBEHAVIORAL SCIENCES**

DUE DATE: **7/31/2014**

SCC ID NO: **F1211871**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

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

NAME:	LAWRENCE D BOBO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE 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:	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:	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: 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: EDWARD HAMBURG 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: ANDY LIAKOPOULOS 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	DONA KILPATRICK, SECRETARY	7/21/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.