

1.) CORPORATION NAME:

**PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

SCC ID NO: **F1581273**

5.) STOCK INFORMATION

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

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11720 BELTSVILLE DR  
STE 900

CITY/ST/ZIP: BELTSVILLE, MD 20705-3111

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:	GARY KLIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11720 BELTSVILLE DR, STE 900		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705-3111		
NAME:	BERNARD E MURPHY PHD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	11720 BELTSVILLE DR STE 900		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705		
NAME:	DIANE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11710 BELTSVILLE DR		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705		
NAME:	FAYE CALHOUN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11720 BELTSVILLE DR. STE 900		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705-3111		
NAME:	RICHARD CLAYTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11720 BELTSVILLE DR., STE 900		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705-3111		
NAME:	MICHAEL ERICKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11720 BELTSVILLE DR. STE 900		
CITY/ST/ZIP/CO:	BELTSVILLE, MD 20705-3111		

NAME: ROBERT GOLD TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARY GORDON TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DENISE HALLFORS TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HAROLD HOLDER, PH.D. TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JANE CARLISLE MAXWELL TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN O'NEILL TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: EDUARDO ROMANO TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT SALTZ TITLE: DIRECTOR ADDRESS: 11720 BELTSVILLE DR. STE 900 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705-3111	<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/ GARY KLIG	GARY KLIG, TREASURER	3/30/2015
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.		