## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000003815

Entity Name: I.M. SYSTEMS GROUP, INC.

FILED Apr 16, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3206 TOWER OAKS BLVD. 3206 TOWER OAKS BLVD

SUTIE 300 STE 300

US

ROCKVILLE, MD 20895 ROCKVILLE, MD 20852 US

**Current Mailing Address: New Mailing Address:** 

3206 TOWER OAKS BLVD. 3206 TOWER OAKS BLVD SUTIE 300

STE 300

ROCKVILLE, MD 20852 US

FEI Number: 52-1520658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

ROCKVILLE, MD 20852

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

## **OFFICERS AND DIRECTORS:**

Title:

Name: HUM, VANCE

3206 TOWER OAKS BLVD, STE 300 Address: City-St-Zip: ROCKVILLE, MD 20852 US

Title: SD

Name: HUM, CHRISTINA

3206 TOWER OAKS BLVD, STE 300 Address: ROCKVILLE, MD 20852 US City-St-Zip:

Title: DIR

HUM, MATTHEW Name:

3206 TOWER OAKS BLVD, STE 300 Address: City-St-Zip: ROCKVILLE, MD 20852 US

Title: VΡ

DEBOW, SAMUEL Name:

Address: 3206 TOWER OAKS BLVD, STE 300 City-St-Zip: ROCKVILLE, MD 20852 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 04/16/2012