

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000000610

Entity Name: J.J. HAINES & COMPANY, LLC**Current Principal Place of Business:**6950 AVIATION BOULEVARD
GLEN BURNIE, MD 21061**Current Mailing Address:**6950 AVIATION BOULEVARD
GLEN BURNIE, MD 21061**FEI Number:** 52-0565047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** BRUCE ZWICKER

03/03/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name CASTAGLIUOLO, PAUL
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title DIRECTOR
Name MANCINI, JR, RAYMOND
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title DIRECTOR
Name MANCINI SR, RAYMOND
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title DIRECTOR
Name CREECH, MORT
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title CHIEF SALES AND MARKETING
 OFFICER
Name GREEN, BRIAN
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title VP
Name THACKER, MILT
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title COO
Name REITZ, FRED
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

Title CONTROLLER
Name SHORE, TRACEY
Address 6950 AVIATION BOULEVARD
City-State-Zip: GLEN BURNIE MD 21061

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACEY SHORE**CONTROLLER**

03/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date