

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2021
Secretary of State
8716965271CC

Entity Name: LOGISTICS MANAGEMENT INSTITUTE, CORPORATION

Current Principal Place of Business:

7940 JONES BRANCH DRIVE
TYSONS, VA 22102

Current Mailing Address:

7940 JONES BRANCH DRIVE
TYSONS, VA 22102 US

FEI Number: 52-0741393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name DAIL, ROBERT
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name DISBROW, LISA
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name DUNWOODY, ANN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title TREASURER, SECRETARY
Name JACK, TAMARA
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name KELMAN, STEVEN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name KRIEG, KENNETH
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name MCCURDY, DAVID
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name PERLIN, JONATHAN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

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

SIGNATURE: MANIK , K RATH

AUTHORIZED SIGNOR

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STOTTLEMYER, TODD A.
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name ZOLET, DAVID
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name SWEETNAM, JAMES
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title AUTHORIZED SIGNOR
Name MANIK, K RATH
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102