2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000005595

Entity Name: JIMCOR AGENCY, INC.

Current Principal Place of Business:

60 CRAIG RD MONTVALE, NJ 07645

Current Mailing Address:

60 CRAIG RD MONTVALE, NJ 07645

FEI Number: 22-2778225

Name and Address of Current Registered Agent:

3H AGENT SERVICES, INC. 1415 PANTHER LANE SUITE 327 NAPLES, FL 34109 US FILED Apr 30, 2014 Secretary of State CC4962423931

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PRESIDENT & DIRECTOR	Title	DIRECTOR, VICE PRESIDENT & SECRETARY			
Name	MASTOWSKI, FRANCIS J	Name	MASTOWSKI, ELLEN			
Address City-State-Zip:	60 CRAIG RD MONTVALE NJ 07645	Address	60 CRAIG RD			
		City-State-Zip:	MONTVALE NJ 07645			
Title	DIRECTOR & CEO	Title	COO			
Name	THALMANN, CORYN F	Name	THALMANN, CORYN F			
Address	60 CRAIG RD	Address	60 CRAIG RD			
City-State-Zip:	MONTVALE NJ 07645	City-State-Zip:	MONTVALE NJ 07645			
Title Name Address	DIRECTOR & CEO MASTOWSKI, JAMES 60 CRAIG RD	Title Name Address	TREASURER & CIO MASTOWSKI, JAMES 60 CRAIG RD			
City-State-Zip:	MONTVALE NJ 07645	City-State-Zip:	MONTVALE NJ 07645			
Title	CFO	Title	VP			
Name	LAQUIDARA, DAVID	Name	GEORGE, JOHN			
Address	60 CRAIG RD	Address	625 MAPLE AVENUE ROUTE 9			
City-State-Zip:	MONTVALE NJ 07645	City-State-Zip:	SARATOGA SPRINGS NY 12866			

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

SIGNATURE: C	ORYN THALMANN	CEO	04/30/2014

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

1000 CRAWFORD PLACE

City-State-Zip: MOUNT LAUREL NJ 08054

Address

Title	VP	Title	ASST. VP
Name	DUDKIEWICZ, ALAN	Name	MCCOLE-RODRIQUEZ, DONNA
Address	525 PLYMOUTH ROAD SUITE 305	Address	60 CRAIG RD
City-State-Zip:	PLYMOUTH MEETING PA 19462	City-State-Zip:	MONTVALE NJ 07645
Title	ASST. SECRETARY		
Name	WENZKE, IRENE		