

**2015 FOREIGN PROFIT CORPORATION 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

Certificate of Status Desired: No

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

3H AGENT SERVICES, INC.  
1415 PANTHER LANE  
SUITE 327  
NAPLES, FL 34109 US

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC4012916522**

*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            PRESIDENT & DIRECTOR  
Name            MASTOWSKI, FRANCIS J  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            DIRECTOR, VICE PRESIDENT &  
SECRETARY  
Name            MASTOWSKI, ELLEN  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            DIRECTOR & CEO  
Name            THALMANN, CORYN F  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            COO  
Name            THALMANN, CORYN F  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            DIRECTOR & CEO  
Name            MASTOWSKI, JAMES  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            TREASURER & CIO  
Name            MASTOWSKI, JAMES  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            CFO  
Name            LAQUIDARA, DAVID  
Address        60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title            VP  
Name            GEORGE, JOHN  
Address        625 MAPLE AVENUE ROUTE 9  
City-State-Zip: SARATOGA SPRINGS NY 12866

**Continues on page 2**

*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: CORYN THALMANN

CEO

04/22/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name DUDKIEWICZ, ALAN  
Address 525 PLYMOUTH ROAD SUITE 305  
City-State-Zip: PLYMOUTH MEETING PA 19462

Title ASST. VP  
Name MCCOLE-RODRIQUEZ, DONNA  
Address 60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title ASST. SECRETARY  
Name WENZKE, IRENE  
Address 1000 CRAWFORD PLACE  
City-State-Zip: MOUNT LAUREL NJ 08054