

2017 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

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

Title JOINT CEO, TREASURER, DIRECTOR, 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 SENIOR VICE PRESIDENT
Name GEORGE, JOHN
Address 625 MAPLE AVENUE ROUTE 9
City-State-Zip: SARATOGA SPRINGS NY 12866

Title VP
Name DUDKIEWICZ, ALAN
Address 525 PLYMOUTH RD, 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

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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: CORYN THALMANN

CEO

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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