

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005595

**Entity Name:** JIMCOR AGENCY, INC.

**Current Principal Place of Business:**

60 CRAIG RD  
MONTVALE, NJ 07645

**FILED**  
**Apr 02, 2013**  
**Secretary of State**  
**CC8078374253**

**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.  
1970 OTTER WAY  
PALM HARBOR, FL 34685 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 DP  
Name MASTOWSKI, FRANCIS J  
Address 60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

Title DVPS  
Name MASTOWSKI, ELLEN  
Address 60 CRAIG RD  
City-State-Zip: MONTVALE NJ 07645

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

Title TCIO  
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**

**04/02/2013**

\_\_\_\_\_  
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