

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001406

Entity Name: GELMAN, ROSENBERG & FREEDMAN, A PROFESSIONAL CORPORATION**FILED**
Apr 15, 2024
Secretary of State
0113768228CC**Current Principal Place of Business:**4550 MONTGOMERY AVENUE
SUITE 800N
BETHESDA, MD 20814**Current Mailing Address:**4550 MONTGOMERY AVENUE
SUITE 800N
BETHESDA, MD 20814 US**FEI Number: 52-1392008****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
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 VP
Name TURNER, TROY
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name MCCAHERILL, JENNIFER
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name LOCASTRO, RICHARD
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name PACE, JOHN
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name GRALING, DAVID
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name CARDELLO, JACQUELINE
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title TREASURER
Name SHUMAN, IAN
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name SHUMAN, IAN
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

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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: JACQUELINE CARDELLO**PRESIDENT****04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEYHLE, WALTER
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name ALBRECHT, ROBERT
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name LARSON, JAMES
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name BOLAND, AMY
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title SECRETARY
Name SHUMAN, IAN
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name MCKNIGHT, TERRI
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name LAWRENCE, ERIC
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name ALEXANDROU, ANDREAS
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR
Name TURNER, TROY
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT
Name CARDELLO, JACQUELINE
Address 4550 MONTGOMERY AVENUE
SUITE 800N
City-State-Zip: BETHESDA MD 20814