

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002184

**Entity Name:** C.C. JOHNSON & MALHOTRA, P.C. CORPORATION

**FILED**  
**Feb 10, 2023**  
**Secretary of State**  
**5022322943CC**

**Current Principal Place of Business:**

9210 CORPORATE BOULEVARD  
SUITE 370  
ROCKVILLE, MD 20850

**Current Mailing Address:**

9210 CORPORATE BOULEVARD  
SUITE 370  
ROCKVILLE, MD 20850 US

**FEI Number:** 52-1150780

**Certificate of Status Desired:** Yes

**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 CHAIRMAN, TREASURER, DIRECTOR  
Name MALHOTRA, S. KUMAR  
Address 963 DAVID WALKER DRIVE  
UNIT E9  
City-State-Zip: TAVARES FL 32778

Title PRESIDENT, DIRECTOR  
Name AHUJA, ANIL  
Address 303 EAST WACKER DRIVE  
SUITE 303  
City-State-Zip: CHICAGO IL 60601

Title SR VP, DIRECTOR  
Name CHANG, L. DAVID  
Address 1025 CONNECTICUT AVENUE, NW  
SUITE 1201  
City-State-Zip: WASHINGTON DC 20036

Title SECRETARY, DIRECTOR  
Name JOSEPH, GEORGE  
Address 9210 CORPORATE BOULEVARD  
SUITE 370  
City-State-Zip: ROCKVILLE MD 20850

Title VP  
Name PATEL, UDAY  
Address 400 EAST PRATT STREET  
SUITE 604  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name NICOLAIE, CHRISTIAN  
Address 303 EAST WACKER DRIVE  
SUITE 303  
City-State-Zip: CHICAGO IL 60601

Title VP  
Name BRUBAKER, JOHN  
Address 4660 TRINDLE ROAD  
SUITE 102  
City-State-Zip: CAMP HILL PA 17011

Title VP  
Name POSKAS, CHARLES  
Address 224 SCHILLING CIRCLE  
SUITE 250  
City-State-Zip: HUNT VALLEY MD 21031

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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:** S. KUMAR MALHOTRA

**CHAIRMAN / TREASURER** 02/10/2023

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BODMANN, MARK  
Address 4660 TRINDLE ROAD  
SUITE 102  
City-State-Zip: CAMP HILL FL 17011