

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004923

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC5873760645**

**Entity Name:** AMERICAN GFM CORPORATION

**Current Principal Place of Business:**

1200 CAVALIER BLVD.  
CHESAPEAKE, VA 23323

**Current Mailing Address:**

1200 CAVALIER BLVD.  
CHESAPEAKE, VA 23323

**FEI Number:** 54-1059861

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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           PRESIDENT  
Name           KRALOWETZ, MICHAEL ROBERT  
Address        1200 CAVALIER BLVD.  
City-State-Zip: CHESAPEAKE VA 23323

Title           SECRETARY  
Name           MACKINLAY, EDGAR H  
Address        1200 CAVALIER BLVD  
City-State-Zip: CHESAPEAKE VA 23323

Title           CFO, TREASURER  
Name           HALL, JEFF R  
Address        1200 CAVALIER BLVD  
City-State-Zip: CHESAPEAKE VA 23323

Title           DIRECTOR  
Name           KRALOWETZ, MICHAEL ROBERT  
Address        1200 CAVALIER BLVD.  
City-State-Zip: CHESAPEAKE VA 23323

Title           VP  
Name           FAIR, BRAD ALAN  
Address        1200 CAVALIER BLVD  
City-State-Zip: CHESAPEAKE VA 23323

*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:** JEFF R HALL

**VICE PRESIDENT**

**04/11/2018**

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

\_\_\_\_\_  
Date