

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05237

**Entity Name:** JOHNSON, MIRMIRAN & THOMPSON, INC.

**Current Principal Place of Business:**

72 LOVETON CIRCLE  
SPARKS, MD 21152

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC0209231383**

**Current Mailing Address:**

72 LOVETON CIRCLE  
SPARKS, MD 21152

**FEI Number: 52-0963531**

**Certificate of Status Desired: Yes**

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

MILLER, JON D  
615 CRESCENT EXECUTIVE COURT  
SUITE 106  
LAKE MARY, FL 32746 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  
Name MIRMIRAN, FRED MMR.  
Address 72 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title DIRECTOR  
Name BURKE, REGIS MR.  
Address 72 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title CHIEF MARKETING OFFICER  
Name CHENG, DANIEL TMR.  
Address 72 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title CFO  
Name SMULOVITZ, RICHARD MR.  
Address 72 LOVETON CIR  
City-State-Zip: SPARKS MD 21152

Title PRESIDENT  
Name JOHN, MOELLER AMR.  
Address 72 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title VP  
Name MILLER, BARRY  
Address 72 LOVETON CIRCLE  
City-State-Zip: SPARKS MD 21152

Title VP  
Name STICKLES, CHARLES B  
Address 272 BENDIX ROAD  
SUITE 260  
City-State-Zip: VIRGINIA BEACH VA 23452

Title VP  
Name LLOYD, HERMAN  
Address 1600 MARKET STREET  
SUITE 520  
City-State-Zip: PHILADELPHIA PA 19103

**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: RICHARD SMULOVITZ**

**CFO**

**02/25/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name RUBELING, ALBERT  
Address 1104 KENILWORTH DRIVE  
SUITE 500  
City-State-Zip: TOWSON MD 21204