

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005982

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** TRUST RISK MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

111 ROCKVILLE PIKE #900  
ROCKVILLE, MD 20850

**New Principal Place of Business:**

**Current Mailing Address:**

111 ROCKVILLE PIKE #900  
ROCKVILLE, MD 20850

**New Mailing Address:**

**FEI Number:** 52-2330366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTIN, JANA N PHD  
Address: 8037 PARK LANE  
City-St-Zip: BETHESDA, MD 20814

Title: S  
Name: RAMOS-GRENIER, JULIA PHD  
Address: 7991 N. GILLESPIE LANE  
City-St-Zip: TUCSON, AZ 85743

Title: T  
Name: MCLAUGHLIN, MICHAEL  
Address: 14918 ROCKY TOP DRIVE  
City-St-Zip: HUNTERSVILLE, NC 28078

Title: AS  
Name: BENAS, HEATH S  
Address: 10201 GROSVENOR PLACE, APT 305  
City-St-Zip: ROCKVILLE, MD 20852

Title: AT  
Name: MULLEN, MICHAEL C  
Address: 1029 NORTH STUART STREET, #308  
City-St-Zip: ARLINGTON, VA 22201

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: JANA N. MARTIN, PHD

PRES

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date