

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003918

Entity Name: NFM, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

505 PROGRESS DRIVE  
SUITE 100  
LINTHICUM, MD 21090

**New Principal Place of Business:**

**Current Mailing Address:**

505 PROGRESS DRIVE  
SUITE 100  
LINTHICUM, MD 21090

**New Mailing Address:**

FEI Number: 52-2102740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: PRES  
Name: SILVERMAN, M. DAVID  
Address: 505 PROGRESS DRIVE, SUITE 100  
City-St-Zip: LINTHICUM HEIGHTS, MD 21090

Title: COO  
Name: OZGA, JAN  
Address: 505 PROGRESS DRIVE, SUITE 100  
City-St-Zip: LINTHICUM, MD 21090

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: M DAVID SILVERMAN

PRES

01/05/2011

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

\_\_\_\_\_  
Date