

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002442

Entity Name: CRI SOLUTIONS, INC.

FILED
Feb 07, 2012
Secretary of State

Current Principal Place of Business:

6671-H SANTA BARBARA RD.
ELKRIDGE, MD 21075

New Principal Place of Business:

Current Mailing Address:

520 PARK AVENUE
BALTIMORE, MD 21201

New Mailing Address:

100 LIGHT ST
FLOOR B1
BALTIMORE, MD 21202 US

FEI Number: 52-1363611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: C
Name: WALKER III, EDWARD H
Address: 100 LIGHT STREET FLOOR B1
City-St-Zip: BALTIMORE, MD 21202 US

Title: D
Name: LATCHFORD, PAUL C
Address: 100 LIGHT STREET FLOOR B1
City-St-Zip: BALTIMORE, MD 21202 US

Title: D
Name: MCCONNELL, MARTHA
Address: 100 LIGHT STREET FLOOR B1
City-St-Zip: BALTIMORE, MD 21202 US

Title: P
Name: STROHMAN, BROOKE
Address: 6671 SANTA BARBARA RD SUITE H
City-St-Zip: ELKRIDGE, MD 21075 US

Title: T
Name: AGUILU, DEBRA
Address: 6671 SANTA BARBARA RD SUITE H
City-St-Zip: ELKRIDGE, MD 21075 US

Title: S
Name: GIRARD, IRENE
Address: 6671-H SANTA BARBARA RD.
City-St-Zip: ELKRIDGE, MD 21075 US

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: PAUL C. LATCHFORD

D

02/07/2012

Electronic Signature of Signing Officer or Director

_____ Date