

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001675

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** MCLAUGHLIN COMPANY INSURANCE SERVICES

**Current Principal Place of Business:**

1725 DESALES STREET NW STE 700  
WASHINGTON, DC 20036

**New Principal Place of Business:**

9210 CORPORATE BLVD., STE 250  
ROCKVILLE, MD 20850

**Current Mailing Address:**

1725 DESALES STREET NW STE 700  
WASHINGTON, DC 20036

**New Mailing Address:**

9210 CORPORATE BLVD., STE 250  
ROCKVILLE, MD 20850

**FEI Number:** 53-0156390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CD  
Name: PAPPAS, JOHN T  
Address: 9210 CORPORATE BLVD., STE 250  
City-St-Zip: ROCKVILLE, MD 20850

Title: PS  
Name: PAPPAS, THEODORE  
Address: 9210 CORPORATE BLVD., STE 250  
City-St-Zip: ROCKVILLE, MD 20850

Title: V  
Name: MANTZ, BRENDA  
Address: 9210 CORPORATE BLVD., STE 250  
City-St-Zip: ROCKVILLE, MD 20850

Title: V  
Name: BREWER, CHERI  
Address: 9210 CORPORATE BLVD., STE 250  
City-St-Zip: ROCKVILLE, MD 20850

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: THEODORE M. PAPPAS

PS

04/10/2012

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

\_\_\_\_\_  
Date