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Division of Corporations

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Florida Department of State
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To:

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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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**FOREIGN PROFIT/NONPROFIT CORPORATION
CYBERSECURITY MATURITY MODEL CERTIFICATION ACCREDITATION BODY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
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SEDOH HALLASSEE, FLORIDA

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Help

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. CYBERSECURITY MATURITY MODEL CERTIFICATION ACCREDITATION BODY, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MD 3. 84-4383200
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/21/2020 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. October 18, 2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6900 Wisconsin Avenue Bethesda, MD 20815
(Principal office street address)

(Current mailing address, if different)

8. Cyber security accreditation services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By



Christine Keim
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 TALLAHASSEE, FL

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Karlton Johnson
☐ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jeff Dalton
☒ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sheryl Hanchar
☐ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Yong-Gon Chon
☐ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Matt Travis
☐ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Raymond Karrenbauer
☐ Vice Chairman Address: 6900 Wisconsin Avenue
☐ Director Bethesda, MD 20815
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other: _____ ☒ Other: CFO

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Raymond Karrenbauer, EVP and Chief Financial Officer
 (Typed or printed name and capacity of person signing application)

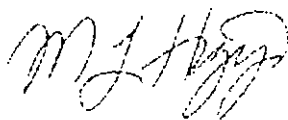
STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CYBERSECURITY MATURITY MODEL CERTIFICATION ACCREDITATION BODY, INC. (D20232575), INCORPORATED JANUARY 21, 2020, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 15, 2021.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

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