

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006749

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** FINRA REGULATION, INC.

**Current Principal Place of Business:**

1735 K STREET, NW  
WASHINGTON, DC 20006

**New Principal Place of Business:**

**Current Mailing Address:**

9509 KEY WEST AVENUE  
ATTN: FINANCE/TAX  
ROCKVILLE, MD 20850 US

**New Mailing Address:**

**FEI Number:** 52-1959501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 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:** CCEO  
**Name:** KETCHUM, RICHARD G  
**Address:** 1735 K STREET, NW  
**City-St-Zip:** WASHINGTON, DC 20006

**Title:** CFOT  
**Name:** DIGANCI, TODD T  
**Address:** 1735 K STREET, NW  
**City-St-Zip:** WASHINGTON, DC 20006

**Title:** VC  
**Name:** LUPARELLO, STEPHEN  
**Address:** 1735 K STREET, NW  
**City-St-Zip:** WASHINGTON, DC 20006

**Title:** SVPS  
**Name:** ASQUITH, MARCIA E  
**Address:** 1735 K STREET, NW  
**City-St-Zip:** WASHINGTON, DC 20006

**Title:** D  
**Name:** BOWSHER, CHARLES A  
**Address:** 4503 BOXWOOD ROAD  
**City-St-Zip:** BETHESDA, MD 20816

**Title:** D  
**Name:** BROWN, ELLYN L  
**Address:** 11055 GREENSPRING AVENUE  
**City-St-Zip:** LUTHERVILLE, MD 21093

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCIA E. ASQUITH

SVPS

04/12/2012

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

\_\_\_\_\_  
Date