

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37458

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMES & GOUGH INSURANCE/RISK MANAGEMENT, INC.

Current Principal Place of Business:

9800 BROOK FORD RD
POTOMAC, MD 20854 US

New Principal Place of Business:

Current Mailing Address:

8300 GREENSBORO DR.
SUITE 980
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 54-1756461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EV () Delete
Name: SABLE, BARBARA
Address: 8300 GREENSBORO DR 980
City-St-Zip: MC LEAN, VA 22102

Title: P () Delete
Name: KNISE, DANIEL
Address: 8300 GREENSBORO DR. #980
City-St-Zip: MCLEAN, VA 22102

Title: S () Delete
Name: BUNDSCHUH, GREGG
Address: 8300 GREENSBORO DR. #980
City-St-Zip: MCLEAN, VA 22102

Title: EV () Delete
Name: HERLIHY, MICHAEL
Address: 8300 GREENSBORO DR. #980
City-St-Zip: MCLEAN, VA 22102

Title: SV () Delete
Name: HEATUBLE, MICHAEL
Address: 8300 GREENSBORO DR 980
City-St-Zip: MC LEAN, VA 22102

Title: EV () Delete
Name: COLLINGS, DAVID
Address: 8300 GREENSBORO DR. #980
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAN KNISE

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04/28/2009

Electronic Signature of Signing Officer or Director

Date