

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37458

FILED
Mar 01, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: VPSD
Name: RAILEY, FRANCES
Address: 8300 GREENSBORO DR 980
City-St-Zip: MC LEAN, VA 22102

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

Title: SVPD
Name: GOUGH, BRETT
Address: 859 WILLARD STREET, #320
City-St-Zip: QUINCY, MA 02169

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

Title: EVPD
Name: HEATWOLE, MICHAEL
Address: 8300 GREENSBORO DR 980
City-St-Zip: MC LEAN, VA 22102

Title: SVPD
Name: GOUGH, MATTHEW
Address: 8300 GREENSBORO DR. #980
City-St-Zip: MCLEAN, VA 22102

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: DANIEL KNISE

PD

03/01/2012

Electronic Signature of Signing Officer or Director

Date