

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2016
Secretary of State
CC4975742453

Entity Name: LOGISTICS MANAGEMENT INSTITUTE, CORPORATION

Current Principal Place of Business:

7940 JONES BRANCH DRIVE
TYSONS, VA 22102

Current Mailing Address:

7940 JONES BRANCH DRIVE
TYSONS, VA 22102 US

FEI Number: 52-0741393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FORD, NELSON
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title SECRETARY
Name RATH, MANIK
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title TREASURER
Name BECKER, LORI L
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name DANIELS, MICHAEL
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name DAIL, ROBERT
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name DUNWOODY, ANN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name KELMAN, STEVEN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name KRIEG, KEN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

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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: MANIK RATH

SECRETARY

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCURDY, DAVE
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name PERLIN, JONATHAN
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name SWEETNAM, JAMES
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name MCGINNIS, PATRICIA
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102

Title DIRECTOR
Name STOTTLEMYER, TODD A.
Address 7940 JONES BRANCH DRIVE
City-State-Zip: TYSONS VA 22102