2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003834

Entity Name: J.J. HAINES & COMPANY, INC.

Current Principal Place of Business:

6950 AVIATION BOULEVARD GLEN BURNIE. MD 21061

Current Mailing Address:

6950 AVIATION BOULEVARD GLEN BURNIE, MD 21061

FEI Number: 52-0565047 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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

FILED Apr 24, 2014

Secretary of State

CC2825255874

Officer/Director Detail:

Title DIR Title F

Name GRIFFITH, DAVID Name ZWICKER, BRUCE

Address 2501 DURHAM ROAD Address 13006 HEIL MANOR DRIVE

City-State-Zip: BRISTOL PA 19007 City-State-Zip: REISTERSTOWN MD 21136

Title V Title CFO

Name CHAIDEZ, ROSANA Name COAKLEY, JOHN

Address 1610 TRAWLER LANE Address 2419 SUNSET FARM ROAD

City-State-Zip: ANNAPOLIS MD 21401 City-State-Zip: ELLICOTT CITY MD 21042

Title DIR Title DIR

NameLINDSAY, BRUCENameDUNN, PIERCEAddress1926 ARCH ST.Address3 WYNDAM COURT

City-State-Zip: PHILADELPHIA PA 19103 City-State-Zip: LUTHERVILLE MD 21093

Title CONTROLLER & TREASURER

Name MABRY, ALICIA

Address 265 CRESCENT MOON CT.
City-State-Zip: WOODSTCOK MD 21163

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: ALICIA MABRY CONTROLLER & TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

04/24/2014