

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002161

Entity Name: QTC MANAGEMENT, INC.**Current Principal Place of Business:**21700 COPLEY DRIVE
SUITE 200
DIAMOND BAR, CA 91765**Current Mailing Address:**PO BOX 61511
BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406 US**FEI Number:** 95-3948968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	HILL, STEPHANIE
Address	9231 CORPORATE BLVD
City-State-Zip:	ROCKVILLE MD 20850

Title	SECRETARY / DIRECTOR
Name	MACKAY, SCOTT
Address	700 N FREDERICK AVE
City-State-Zip:	GAITHERSBURG MD 20879

Title	ASST. SECRETARY
Name	COLE, GLENN E
Address	6801 ROCKLEDGE DRIVE
City-State-Zip:	BETHESDA MD 20817

Title	ASST TREASURER
Name	WHITNEY, RENA H
Address	6801 ROCKLEDGE DR
City-State-Zip:	BETHESDA MD 20817

Title	VP / DIRECTOR
Name	STANISLAV, MARTIN T
Address	700 N FREDERICK AVE
City-State-Zip:	GAITHERSBURG MD 20879

Title	VP / CFO / TREASURER
Name	POSSENRIEDE, KENNETH R
Address	6801 ROCKLEDGE DR
City-State-Zip:	BETHESDA MD 20817

Title	ASST SECRETARY
Name	LOSCALZO, BARBARA
Address	230 MALL BLVD
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	ASST SECRETARY
Name	HEYWOOD, DAVID A
Address	6801 ROCKLEDGE DR
City-State-Zip:	BETHESDA MD 20817

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

SIGNATURE: DONALD P MARTIN

ASST SECRETARY

01/16/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST SECRETARY
Name MARTIN, DONALD P
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title ASST SECRETARY
Name CORDERO, MARITZA
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title VP
Name KUROWSKI, GLENN A
Address 9231 CORPORATE BLVD
City-State-Zip: ROCKVILLE MD 20850

Title ASST SECRETARY
Name ALLEN, KATHY L
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST SECRETARY
Name EMENS, CHRISTINA
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title VP
Name LEWIS, PATRICIA L
Address 700 N FREDERICK AVE
City-State-Zip: GAITHERSBURG MD 20879