

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004045

Entity Name: ROSSMANN-HURT-HOFFMAN, INC.**Current Principal Place of Business:**3290 N RIDGE RD
SUITE 300
ELLCOTT CITY, MD 21043**Current Mailing Address:**3290 N RIDGE RD
SUITE 300
ELLCOTT CITY, MD 21043**FEI Number:** 52-0337120**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

Officer/Director Detail :

Title	P
Name	HOFFMAN, WAYNE
Address	3290 N RIDGE RD STE 300
City-State-Zip:	ELLCOTT CITY MD 21043

Title	V
Name	HOFFMAN, LAWRENCE
Address	3290 N RIDGE RD STE 300
City-State-Zip:	ELLCOTT CITY MD 21043

Title	S
Name	HOFFMAN, STUART
Address	3290 N RIDGE RD STE 300
City-State-Zip:	ELLCOTT CITY MD 21043

Title	T
Name	BREITENBACH, NORMAN JR
Address	3290 N RIDGE RD STE 300
City-State-Zip:	ELLCOTT CITY MD 21043

Title	V
Name	HINKLE, JOHN JR
Address	3290 N RIDGE RD., SUITE 300
City-State-Zip:	ELLCOTT CITY MD 21043

Title	V
Name	TORRELLI, JEFFREY
Address	3290 N RIDGE RD., SUITE 300
City-State-Zip:	ELLCOTT CITY MD 21043

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: NORMAN BREITENBACH

EVP

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date