

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000001694

**FILED  
Jan 12, 2015  
Secretary of State  
CC9184985627**

**Entity Name:** N A M I INCORPORATED

**Current Principal Place of Business:**

3803 NORTH FAIRFAX DRIVE  
SUITE 100  
ARLINGTON, VA 22203

**Current Mailing Address:**

3803 NORTH FAIRFAX DRIVE  
SUITE 100  
ARLINGTON, VA 22203

**FEI Number:** 43-1201653

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DR., STE. A  
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            PAYNE, JIM  
Address        3803 N. FAIRFAX DR.  
                  SUITE 100  
City-State-Zip: ARLINGTON VA 22203

Title            VP  
Name            NELSON, RALPH  
Address        3803 NORTH FAIRFAX DRIVE  
                  SUITE 100  
City-State-Zip: ARLINGTON VA 22203

Title            CFO  
Name            LEVY, DAVID  
Address        946 ROCKBORN ST.  
City-State-Zip: GAITHERSBURG MD 20878

Title            SECOND VP  
Name            JENSEN, LINDA  
Address        3803 NORTH FAIRFAX DRIVE  
                  SUITE 100  
City-State-Zip: ARLINGTON VA 22203

Title            SECRETARY  
Name            RICCI, MARILYN  
Address        3803 NORTH FAIRFAX DRIVE  
                  SUITE 100  
City-State-Zip: ARLINGTON VA 22203

Title            TREASURER  
Name            MIHELISH, GARY  
Address        3803 NORTH FAIRFAX DRIVE  
                  SUITE 100  
City-State-Zip: ARLINGTON VA 22203

*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:** DAVID LEVY

**CFO**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date