

1.) CORPORATION NAME:

The Certified Medical Representatives Institute, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
CHERIE G HICKS
4423 PHEASANT RIDGE RD STE 100
ROANOKE, VA 24014**

DUE DATE: **2/28/2011**

SCC ID NO: **01068857**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4423 PHEASANT RIDGE ROAD
SUITE 100

CITY/ST/ZIP: ROANOKE, VA 24014-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CHERIE HICKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIR		
ADDRESS:	8018 HILLTOP DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018-		
NAME:	MICHELLE O'CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2228 LAUREL WOODS DR		
CITY/ST/ZIP/CO:	SALEM, VA 24153-		
NAME:	J F MACKIE PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OF BOARD		
ADDRESS:	1561 VALLEY GREENE ROAD		
CITY/ST/ZIP/CO:	PAOLI, PA 19301-		
NAME:	J LYLE BOOTMAN, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1295 N MARTIN ST RMB307		
CITY/ST/ZIP/CO:	TUCSON, AZ 85721-		
NAME:	SAM ENGLISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	541 LUCK AVE SUITE 318A		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016-		

NAME: JEFFREY L THOMAS TITLE: DIRECTOR ADDRESS: 1001 DURHAM AVENUE CITY/ST/ZIP/CO: SOUTH PLAINFIELD, NJ 07080-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANTHONY D SLONIM, MD, DRPH TITLE: DIRECTOR ADDRESS: 9901 MEDICAL CENTER DRIVE CITY/ST/ZIP/CO: ROCKVILLE, MD 20850-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DOMINIC MARASCO, RPH TITLE: DIRECTOR ADDRESS: 41 PINE MILL CIRCLE CITY/ST/ZIP/CO: DOYLESTOWN, PA 18901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHELLE O'CONNOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE O'CONNOR, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/28/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.