

1.) CORPORATION NAME:

**The Certified Medical Representatives Institute, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
MICHELLE R O'CONNOR  
4423 PHEASANT RIDGE ROAD  
SUITE 100**

**ROANOKE, VA 24014**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **11/22/2011**

SCC ID NO: **01068857**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

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: J F MACKIE PHD  
TITLE: CHRMN OF BOARD  
ADDRESS: 1561 VALLEY GREENE ROAD  
CITY/ST/ZIP/CO: PAOLI, PA 19301-

OFFICER  DIRECTOR

NAME: J LYLE BOOTMAN, PHD  
TITLE: DIRECTOR  
ADDRESS: 1295 N MARTIN ST  
RMB307  
CITY/ST/ZIP/CO: TUCSON, AZ 85721-

OFFICER  DIRECTOR

NAME: JEFFREY L THOMAS  
TITLE: DIRECTOR  
ADDRESS: 1001 DURHAM AVENUE  
CITY/ST/ZIP/CO: SOUTH PLAINFIELD, NJ 07080-

OFFICER  DIRECTOR

NAME: ROBERT SAMUEL ENGLISH, JR  
TITLE: DIRECTOR  
ADDRESS: 541 LUCK AVE  
SUITE 318A  
CITY/ST/ZIP/CO: ROANOKE, VA 24016-

OFFICER  DIRECTOR

NAME: GEORGE LUTZOW  
TITLE: DIRECTOR  
ADDRESS: 2300 WILLOW BROOK DRIVE  
CITY/ST/ZIP/CO: HUNTINGDON VALLEY, PA 19006-

OFFICER  DIRECTOR

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOMINIC ANTHONY 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
NAME:	ANTHONY D SLONIM, MD, DRPH	
TITLE:	DIRECTOR	
ADDRESS:	95 OLD SHORT HILLS ROAD	
CITY/ST/ZIP/CO:	WEST ORANGE, NJ 07052-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHELLE R O'CONNOR	
TITLE:	PRESIDENT	
ADDRESS:	2228 LAUREL WOODS DR	
CITY/ST/ZIP/CO:	SALEM, VA 24153-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LAUREN W HARBERT	
TITLE:	TREASURER	
ADDRESS:	310 CREIGHTON DR	
CITY/ST/ZIP/CO:	ROCKY MOUNT, VA 24151-	

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 R O'CONNOR	MICHELLE R O'CONNOR, PRESIDENT	11/22/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.