

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: **2/7/2012**

SCC ID NO: **01068857**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

	<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-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J F MACKIE PHD	
TITLE:	CHRMN OF BOARD	
ADDRESS:	1561 VALLEY GREENE ROAD	
CITY/ST/ZIP/CO:	PAOLI, PA 19301-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J LYLE BOOTMAN, PHD	
TITLE:	DIRECTOR	
ADDRESS:	1295 N MARTIN ST RMB307	
CITY/ST/ZIP/CO:	TUCSON, AZ 85721-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT SAMUEL ENGLISH, JR	
TITLE:	DIRECTOR	
ADDRESS:	541 LUCK AVE SUITE 318A	
CITY/ST/ZIP/CO:	ROANOKE, VA 24016-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE LUTZOW DIRECTOR 2300 WILLOW BROOK DRIVE HUNTINGDON VALLEY, PA 19006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOMINIC ANTHONY MARASCO, RPH DIRECTOR 41 PINE MILL CIRCLE DOYLESTOWN, PA 18901-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY D SLONIM, MD, DRPH DIRECTOR 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L THOMAS DIRECTOR 1001 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080-	<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 R O'CONNOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE R O'CONNOR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/7/2012 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.