

1.) CORPORATION NAME:

The Certified Medical Representatives Institute, Inc.

DUE DATE: **1/18/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **01068857**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ROANOKE, VA 24014

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

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

NAME:	GIDGET WOODWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	45 STONEGATE DR		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		

NAME:	ANTHONY D SLONIM, MD, DRPH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	616 S ORANGE AVE		
CITY/ST/ZIP/CO:	UNIT 8F MAPLEWOOD, NJ 07040		

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

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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SORRENTINO DIRECTOR 1109A COCKEYS MILL ROAD REISTERSTOWN, MD 21136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARA ANNE SPENCER DIRECTOR 2302 AVENHAM AVE ROANOKE, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY L THOMAS DIRECTOR 14 REBECCA CT RANDOLPH, NJ 07869	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ LAUREN W HARBERT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAUREN W HARBERT, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	1/18/2013 _____ 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.			