

**BEFORE THE  
FEDERAL MARITIME COMMISSION**

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**DOCKET NO. 15-10**

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**REVOCATION OF LICENSE NO. 017843  
WASHINGTON MOVERS, INC.**

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**STATEMENT:  
FURTHER SUBMISSIONS, PAPER DISCOVERY, DEPOSITIONS,  
EVIDENTIARY HEARING, & WITNESS LIST**

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Pursuant to this Court's initial order, dated February 18, 2016, Washington Movers International, Inc. ("Washington Movers") respectfully submits the following statement:

Norma Ghanem serves as Washington Movers' sole owner, officer, and director. Under Norma Ghanem's leadership, Washington Movers employs four individuals, transports a range of goods from wheelchairs to household goods to five continents, and is committed to complying with the Federal Maritime Commission's (the "Commission" or "FMC") regulations.

The Bureau of Enforcement (the "BOE") seeks to revoke Washington Movers' FMC license due to a criminal conviction of Sam Ghanem, a former owner who is now incarcerated. Sam Ghanem neither owns nor controls Washington Movers. The BOE relies on outdated documents to show an ongoing connection between Sam Ghanem and Washington Movers. Given the BOE's position, Washington Mover's respectfully requests an evidentiary hearing and submits the following information to reinforce that Washington Movers is Norma Ghanem's company.

## **I. Further Submissions**

The following documents evidence Norma Ghanem's ownership and control over Washington Movers.

1. Electronic Federal Tax Payment System Enrollment Information – February 24, 2016 (Ex.1)
2. Certificate of Liability Insurance – February 26, 2016 (Ex. 2)
3. 2015 Annual Report, Virginia State Corporation Commission – November 20, 2015 (Ex. 3)
4. Statement of Change of Registered Agent, Virginia State Corporation Commission – November 20, 2015 (Ex. 4)

## **II. Paper Discovery**

Washington Movers requests responsive information relating to (1) the BOE's position that Washington Movers is Sam Ghanem's company, and (2) the BOE's efforts to delay the Bureau of Licensing's approval of Norma Ghanem as a qualifying individual for Washington Movers. Washington Movers has applied to designate Norma Ghanem as its qualifying individual, but the BOE has coordinated with the Bureau of Licensing to delay approval.

Washington Moves can produce additional discovery showing that existing staff is managing the business with Norma Ghanem.

## **III. Depositions**

To reinforce that Washington Movers is Norma Ghanem's company, and that Sam Ghanem's conviction is unrelated to Washington Movers, Washington Movers would proffer the testimony of the following individuals to this Court:

1. **Sandra Rodriguez**

7913 Cryden Way  
District Heights, Maryland 20747  
Tel: 301-516-3000 Ext. 11

Ms. Rodriguez is Washington Movers' office manager. Her testimony will reinforce that Washington Movers is being managed by Norma Ghanem. Further, Ms. Rodriguez has knowledge relating to Washington Movers' on-going efforts to comply with FMC and state-level regulations. Ms. Rodriguez's testimony will also emphasize that no one in the Washington Movers organization had knowledge of Sam Ghanem's misconduct.

2. **Norma Ghanem**

7913 Cryden Way  
District Heights, Maryland 20747  
Tel: 202-498-6454

Norma Ghanem is the owner of Washington Movers. She has knowledge relating to Washington Movers' compliance efforts and can testify concerning the circumstances of Sam Ghanem's trial. She has worked with Washington Movers off and on since 1996, and took over operations from Sam Ghanem. She had no knowledge of any potential criminal activity in which Mr. Ghanem engaged. Ms. Ghanem has submitted all material to be the qualifying individual for the business, but her application is delayed pending this proceeding.

3. **Noam Israel**

9184 East Hampton Drive  
Capitol Heights, Maryland 20743  
Tel: 202-487-1376

Mr. Israel is a subcontractor with another moving company, Twin Movers, who deals with Norma Ghanem, and provides extra laborers to Washington Movers when needed.

4. **Larry Black**

7913 Cryden Way  
District Heights, Maryland 20747  
Tel: 202-498-6454

Mr. Black is a laborer who works at Washington Movers every day under Ms. Ghanem's supervision.

5. **Ashraf Gadelrad.**

AFG ACCOUNTING SERVICES, INC.  
6000 Stevenson Avenue  
Alexandria, Virginia 22304  
Tel: 703-921-0684

Mr. Gadelrad, Washington Movers' outside accountant, can confirm that Norma Ghanem runs the business.

6. **Robert Bonsib, Esq.**

6411 Ivy Lane, Suite 116  
Greenbelt, Maryland 20770  
Tel: 301-441-3000

Mr. Bonsib was Sam Ghanem's attorney. His testimony will indicate that Washington Movers itself was not charged with any wrongdoing by the State.

7. **Cliff Johnson**

800 North Capitol Street NW  
Washington, DC 20573  
Tel: 202-523-3960

Mr. Johnson is a representative of the Commission's Bureau of Licensing and is assigned to process Norma Ghanem's qualifying individual application. His testimony will indicate that Washington Movers and Norma Ghanem have actively complied with the FMC's regulations. Further, Mr. Johnson has knowledge related to the BOE's efforts to delay the processing and approval of Washington Movers' application to add Norma Ghanem as a qualifying individual.

8. **Randolph Armstrong**

2200 Broening Highway, Suite 260  
Baltimore, Maryland 21224  
Tel: 410-631-7567

Mr. Armstrong is the district sales manager for Mediterranean Shipping Company, Inc. (USA). His testimony will reinforce that Washington Movers is Norma Ghanem's company. Further, Mr. Armstrong has knowledge relating to Norma Ghanem's experience in the shipping industry and her efforts to comply with FMC regulations.

9. **Mike Owusu**

3445 Andrew Court, #302  
Laurel, Maryland 20724  
Tel: 301-605-4115

Mr. Owusu owns and operates a trucking company that does business with Washington Movers. He has knowledge of Norma Ghanem's practices with respect to arranging trucking and her control over Washington Movers.

**IV. Evidentiary Hearing and Preliminary Witnesses**

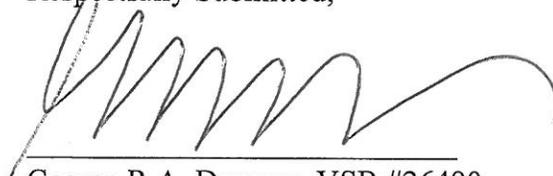
The crux of the BOE's case is that Washington Movers is Sam Ghanem's company. An evidentiary hearing is necessary to refute the BOE's position and prove that Washington Movers is Norma Ghanem's company. Norma Ghanem owns and the company and runs it with the assistance of Ms. Rodriguez.

Norma Ghanem worked with the business over the years, the business is the basis for her family's support, and together with Ms. Rodriguez, Norma Ghanem is familiar with Washington Movers' procedures, customers, and on-going compliance obligations.

Pursuant to this Court's initial order, Washington Movers requests an evidentiary hearing to resolve the foregoing factual issue and proposes the following preliminary witness list: (1) Sandra Rodriguez, (2) Norma Ghanem, and (3) Randolph Armstrong, and as needed, (4) Norm Israel and (5) Larry Black. The other witnesses listed above may be called as needed. The foregoing individuals' contact information and expected testimony is provided above. These individuals will confirm Norma's role with Washington Movers and Washington Movers' compliance efforts.

DATED: March 3, 2016

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'G. Doumar', with a long, sweeping flourish extending to the right.

George R.A. Doumar, VSB #26490

Raj H. Patel, VSB #87893

Doumar Martin PLLC

2000 N. 14<sup>th</sup> Street - Suite 210

Arlington, Virginia 22201

Tel: 703-243-3737

Fax: 703-524-7610

[gdoumar@doumarmartin.com](mailto:gdoumar@doumarmartin.com)

[rpatel@doumarmartin.com](mailto:rpatel@doumarmartin.com)

**CERTIFICATE OF SERVICE**

I certify that on March 3, 2016 I sent a copy of the foregoing statement via e-mail to:

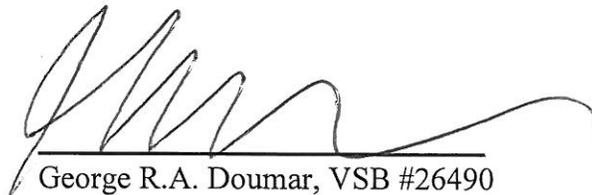
Office of Administrative Law Judges  
Federal Maritime Commission  
800 North Capitol Street, NW  
Washington, DC 20573-0001  
Judges@FMC.gov

Office of the Secretary  
Federal Maritime Commission  
800 N. Capitol Street, NW.,  
Washington, DC 20573-0001  
secretary@fmc.gov

Peter J. King  
Brian L. Troiano  
Bureau of Enforcement  
Federal Maritime Commission  
800 N. Capitol Street, NW  
Washington, DC 20573  
pking@fmc.gov  
btroiano@FMC.gov

I certify that on March 3, 2016, I sent an original copy and 5 additional copies of the foregoing statement via first class mail, postage pre-paid to the following:

Office of the Secretary  
Federal Maritime Commission  
800 N. Capitol Street, NW.,  
Washington, DC 20573-0001  
secretary@fmc.gov



George R.A. Doumar, VSB #26490  
Raj H. Patel, VSB #87893  
Doumar Martin PLLC  
2000 N. 14<sup>th</sup> Street - Suite 210  
Arlington, Virginia 22201  
Tel: 703-243-3737  
Fax: 703-524-7610  
[gdoumar@doumarmartin.com](mailto:gdoumar@doumarmartin.com)  
[rpatel@doumarmartin.com](mailto:rpatel@doumarmartin.com)

**EXHIBIT "1"**

**YOU EDITED YOUR ENROLLMENT.**

<b>ENROLLMENT NUMBER</b>	970098845102329051
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**Enrollment Information Submitted:**

You accepted the following Disclosure Authorization Agreement:

I hereby authorize the contact person listed on this form and financial institutions involved in the processing of my Electronic Federal Tax Payment System (EFTPS®) payments to receive confidential information necessary to effect enrollment in EFTPS® tax payment service, electronic payment of taxes, answer inquiries and resolve issues related to enrollment and payments. This information includes, but is not limited to, passwords, payment instructions, taxpayer name and identifying number, and payment transaction details. If signed by someone other than the taxpayer, I certify that I have the authority (i.e., Form 2848, Power of Attorney and Declaration of Representative or Form 8655, Reporting Agent Authorization for Magnetic Tape/Electronic Filers) to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force and effect until the designated Financial Agents of the U.S. Treasury have received written notification from me of termination in such time and in such manner to afford a reasonable opportunity to act on it.

Enrollment Information	Entered Data
Employer Identification Number	xx-xx0051
Business Name	WASHINGTON MOVERS INC
U.S. Phone Number	(301) 516-3000
Primary Contact Name	NORMA GHANEM
Primary Contact U.S. or International Street Address	7913 CRYDEN WAY
Primary Contact City	DISTRICT HTS
Primary Contact State	MARYLAND
Primary Contact Zip Code	20747-4508
Primary Contact Country	UNITED STATES OF AMERICA (US)
Primary Contact U.S. Phone Number	(301) 516-3000
Payment Method	EFTPS-ACH Debit

Electronic Signature	
Name	NORMA GHANEM
Title	PRESIDENT
Date	2016-02-24
TIN	xxxx0051



HOME    ENROLLMENT    MY PROFILE    PAYMENTS    HELP & INFORMATION    CONTACT US    LOGOUT

VIEW ENROLLMENT SETTINGS    TAXPAYER NAME: WASHINGTON MOVERS INC    TIN: xxxxx0051

- EDIT ENROLLMENT CONTACT INFORMATION
- INTERNET PASSWORD MANAGEMENT
- PIN MANAGEMENT
- TERMINATE ENROLLMENT

### Verify Enrollment Data

Please review the enrollment information below. If it is correct, press the 'Next' button to confirm this information.

Enrollment Information	Entered Data
Employer Identification Number	xx-xxx0051
Business Name	WASHINGTON MOVERS INC
U.S. Phone Number	(301) 516-3000
Primary Contact Name	NORMA GHANEM
Primary Contact U.S. or International Street Address	7913 CRYDEN WAY
Primary Contact City	DISTRICT HTS
Primary Contact State	MARYLAND
Primary Contact Zip Code	20747-4508
Primary Contact Country	UNITED STATES OF AMERICA (US)
Primary Contact U.S. Phone Number	(301) 516-3000
Payment Method	EFTPS-ACH Debit

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Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

**EXHIBIT "2"**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Burke & Burke Insurance 50 S Pickett St Suite 20 Alexandria, VA 22304		<b>CONTACT NAME:</b> Paul Burke <b>PHONE (A/C, No, Ext):</b> 703-751-1001 <b>FAX (A/C, No):</b> 703-751-4437 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> WASHIN1	
<b>INSURED</b> Washington Movers Norma Ghanem International Inc. 7915 Cryden Way Forestville, MD 20747		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Colony Specialty Insurance Co <b>INSURER B:</b> Plaza Insur. Co. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			101GL003609500	10/13/2015	10/13/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Emp Ben. \$ n/a
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	NCMD0474511	10/14/2015	10/14/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  <b>EBSCO01</b>  EBSCO Research LLC 1447 Peachtree St NE #1050 Atlanta, GA 30309	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**EXHIBIT "3"**

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



1. CORPORATION NAME  
Washington Movers International, Inc.

DUE DATE: 7/31/2015

SCC ID NO.: 0468838-8

2. VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

SAM R GHANEM  
6714 FORSYTHIA ST  
SPRINGFIELD VA 22150

5. STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
129 - FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 6714 FORSYTHIA ST	ADDRESS:
CITY/ST/ZIP: SPRINGFIELD VA 22150	CITY/ST/ZIP:

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: SAM GHANEM TITLE: P/T ADDRESS: 6714 FORSYTHIA ST CITY/ST/ZIP: SPRINGFIELD VA 22150 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

Norma Gharem  
PRINTED NAME AND TITLE

11-20-15  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2015 ANNUAL REPORT CONTINUED

CORPORATE NAME:  
Washington Movers International, Inc.

DUE DATE: 7/31/2015  
SCC ID NO.: 0468838-8

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input checked="" type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input checked="" type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>NAME: <b>NORMA GHANEM</b>      OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: <b>OFFICE MNGR</b></p> <p>ADDRESS: <b>6714 FORSYTHIS ST</b></p> <p>CITY/ST/ZIP: <b>SPRINGFIELD VA 22150</b></p>	<p>NAME: Norma Ghanem      OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>TITLE: President/ Secretary/ Treasurer</p> <p>ADDRESS: 6714 Forsythia Street</p> <p>CITY/ST/ZIP: Springfield, VA 22150</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input checked="" type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>NAME: <b>SONIA KAOVECH</b>      OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE: <b>EXPORT MANAGER</b></p> <p>ADDRESS: <b>12764 WOOD HOLLOW DRIVE APT 1525</b></p> <p>CITY/ST/ZIP: <b>WOODBIDGE VA 22192</b></p>	<p>NAME:      OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>NAME: <b>SANDRA RODRIGUEZ</b>      OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE: <b>ACCOUNTING</b></p> <p>ADDRESS: <b>2404 LADYMEADE DR</b></p> <p>CITY/ST/ZIP: <b>SILVER SPRING MD 20906</b></p>	<p>NAME:      OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete Information</p>	<p>If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>NAME:      OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p>NAME:      OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>

## ANNUAL REPORT INSTRUCTIONS

An annual report that does not contain any director or officer change may be submitted online at [sccfile.scc.virginia.gov](http://sccfile.scc.virginia.gov).

The following instructions relate to the preparation of an annual report that is to be submitted on paper for filing.

The annual report must be completed in **black print** or type, and be **legible and reproducible**.

THE PRE-PRINTED INFORMATION SET FORTH IN SECTIONS 1 THROUGH 5 **CANNOT BE CHANGED ON THE COMMISSION'S RECORDS BY FILING AN ANNUAL REPORT**. Changes to information in these sections require a separate filing.

To change information listed in sections 2 and 3, the corporation will need to file a Statement of Change, which can be accomplished online at [sccfile.scc.virginia.gov](http://sccfile.scc.virginia.gov). To obtain a paper version of the Statement of Change on pre-printed form SCC635/834, visit our website at [scc.virginia.gov/clk/ElectronicFormRequest.aspx](http://scc.virginia.gov/clk/ElectronicFormRequest.aspx) or contact the Clerk's Office.

To obtain appropriate forms and instructions to change information listed in sections 1, 4 or 5, visit our website at [scc.virginia.gov/clk/formfee.aspx](http://scc.virginia.gov/clk/formfee.aspx) or contact the Clerk's Office.

The principal office address of the corporation as of the date the report is signed **must** be set forth in section 6. The information set forth in the left-hand box reflects the address currently on file with the Commission. If this box is blank or contains incorrect information, set forth the current principal office address in the right-hand box.

All directors and principal officers (e.g., president, vice president, treasurer, secretary, etc.) of the corporation as of the date the report is signed must be listed in section 7. The information set forth in the left-hand box reflects the information currently on file with the Commission. The right-hand boxes are to be used to update the displayed information and to add information for new directors and officers.

**Almost all corporations are required to have at least one director and one officer.** An individual who is serving as an officer and director should have both the officer and director boxes marked next to his or her name. If the corporation is not required to have any directors or officers *as a matter of law*, and none have been elected or appointed, write "No Directors," "No Officers" or "No Directors or Officers" in a right-hand box.

If needed, the annual report may include additional pages to accommodate the listing of all directors and principal officers. Do not staple the pages of the annual report together.

Note: All directors and officers listed on the annual report will be "of record" when the annual report is filed, but our computer database will only reflect information for the first five individuals who are listed *unless the annual report is filed online*.

The annual report **must** be signed by an officer or a director who is listed in the report or, if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary, and the printed name and title of the person signing must be set forth next to the signature, as well as the date on which the report is signed.

Virginia law requires the Commission to return for correction or explanation an annual report that is incomplete or inaccurate. If the corporation has not filed an acceptable annual report by the due date, it will not be in good standing in Virginia. If the corporation fails to file an acceptable annual report **on or before** the last day of the fourth month following the due date, the corporation's existence or certificate of authority to transact business in Virginia, as the case may be, will be automatically terminated or revoked as of said date.

Clerk's Office Telephone Numbers: (804) 371-9733 or toll-free in Virginia at 1-866-722-2551.

Mailing Address:  
State Corporation Commission  
Clerk's Office  
PO Box 1197  
Richmond, VA 23218-1197

Courier Delivery Address:  
State Corporation Commission  
Clerk's Office, First Floor  
1300 E. Main St.  
Richmond, VA 23219

Personal Information, such as a social security number, should NOT be included in a business entity document submitted to the Office of the Clerk for filing with the Commission. For more information, see Notice Regarding Personal Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).

**EXHIBIT "4"**



eFile  
(12/09)

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND/OR REGISTERED AGENT CHANGE

1. RE: **Washington Movers International, Inc.**  
  
ID: **04688388**
2. Current registered agent's name and registered office address on record (including the jurisdiction in which the registered office is physically located):  
SAM R GHANEM  
6714 FORSYTHIA ST  
SPRINGFIELD, VA 22150-0000 (FAIRFAX COUNTY)
3. The current registered agent is an individual who is a resident of Virginia and an officer of the corporation.
4. The registered agent's name and registered office address after this statement is filed with the Commission (including the jurisdiction in which the registered office is physically located):  
Norma S. Ghanem  
6714 Forsythia Street  
Springfield, VA 22150 (FAIRFAX COUNTY)
5. The registered agent named in item 4 is an individual who is a resident of Virginia and a director of the corporation.
6. After the foregoing change or changes are made, the corporation will be in compliance with the requirements of §13.1-634, 13.1-763, 13.1-833 or 13.1-925 of the Code of Virginia.

Signed on November 20, 2015, on behalf of Washington Movers International, Inc.

By: Norma Ghanem , President

/s/ Norma Ghanem



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

November 20, 2015

NORMA S. GHANEM  
6714 FORSYTHIA STREET  
SPRINGFIELD, VA 22150

RECEIPT

RE: **Washington Movers International, Inc.**

ID: **04688388**

DCN: **1511205403**

Dear Customer:

This is to acknowledge the filing of a statement of change of registered office and/or registered agent for the above-referenced corporation with this office.

The effective date of the change is November 20, 2015.

If you have any questions about this matter, please contact this office at the addresses or telephone numbers shown below.

RECEIPT  
CISECOM

Sincerely,

Joel H. Peck  
Clerk of the Commission

P.O. Box 1197, Richmond, VA 23218-1197  
Tyler Building, First Floor, 1300 East Main Street, Richmond, VA 23219-3630  
Clerk's Office (804) 371-9733 or (866) 722-2551 (toll-free in Virginia) [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk)  
Telecommunications Device for the Deaf-TDD/Voice: (804) 371-9206

Alert to corporations regarding unsolicited mailings from VIRGINIA COUNCIL FOR CORPORATIONS is available from the Bulletin Archive link of the Clerk's Office website

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### SCC eFile Business Entity Details

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Washington Movers International, Inc.

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#### General

SCC ID: 04688388  
 Entity Type: Corporation  
 Jurisdiction of Formation: VA  
 Date of Formation/Registration: 7/11/1996  
 Status: Active  
 Shares Authorized: 1000

#### Select an action

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#### Principal Office

6714 FORSYTHIA ST  
 SPRINGFIELD VA 22150

#### Registered Agent/Registered Office

NORMA S. GHANEM  
 6714 FORSYTHIA STREET  
 SPRINGFIELD VA 22150  
 FAIRFAX COUNTY 129  
 Status: Active  
 Effective Date: 11/20/2015

Screen ID: e1000

Need additional information? Contact [scinfo@sc.virginia.gov](mailto:scinfo@sc.virginia.gov). Website questions? Contact: [webmaster@sc.virginia.gov](mailto:webmaster@sc.virginia.gov). We provide external links throughout our site.

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