2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Secretary of State DOCUMENT # F00000003695 01-17-2006 90253 035 ***158.75 1. Entity Name HUDSON GLOBAL RESOURCES MANAGEMENT, INC. Principal Place of Business Mailing Address 60002995 **622 THIRD AVENUE 622 THIRD AVENUE** 39TH FLOOR 39TH FLOOR NEW YORK, NY 10017 NEW YORK, NY 10017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEi Number 25-1809839 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PO TITLE TITLE Change ☐ Addition ☐ Delete NAME MORAN, THOMAS NAME 10 South Wacker Drive #2600 225 W. WACKER DRIVE, STE 2100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, LATHAM NAME NAME 10 South Wecker Drive # 2600 STREET ADDRESS 225 W-WACKER DRIVE_STE-2100-STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **BUCCARELLI, ROBERT** Mark O'Loughlin NAME NAME 622 Third Avenue - 38th Floor STREET ADDRESS **622 THIRD AVENUE** STREET ADDRESS NEW YORK, NY 10017 New York, NY 10017 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition MORAN, THOMAS NAME NAME 225 W. WACKER DRIVE, STE 2100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Certified receipt # 7001 2510 0000 5117 6079

FILED Jan 17, 2006 8:00 am