

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H83455

FILED
Apr 20, 2012
Secretary of State

Entity Name: HPBM, INC.

Current Principal Place of Business:

450 LAS OLAS BLVD, STE 1500
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

450 LAS OLAS BLVD, STE 1500
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 36-3393673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERVICE U.S.A. INC
450 E. LAS OLAS BLVD, STE 1500
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: MUEHLSTEIN, JOHN H.
Address: 161 N. CLARK ST., STE. 3100
City-St-Zip: CHICAGO, IL

Title: D
Name: PEDERSEN, PEER
Address: 161 NORTH CLARK ST., STE. 3100
City-St-Zip: CHICAGO, IL

Title: D
Name: BUNTROCK, DEAN
Address: ONE TOWER LANE STE 2242
City-St-Zip: OAK BROOK, IL 601814636

Title: P
Name: HUIZENGA, H. WAYNE JR.
Address: 450 E LAS OLAS BLVD, STE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPAS
Name: HANDLEY, RICHARD L
Address: 450 E LAS OLAS BLVD, STE 1500
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VT
Name: BRANDEN, CRIS V
Address: 450 E LAS OLAS BLVD, STE 1500
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRIS BRANDEN

VP

04/20/2012

Electronic Signature of Signing Officer or Director

_____ Date