


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90007 001 \*\*\*100.00

|  |   |
|--|---|
| <b>DOCUMENT # M03000001077</b>                                 |  |
| 1. Entity Name<br>HATCH MOTT MACDONALD OPERATING SERVICES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>27 BLEEKER STREET<br>ATTN: LEGAL DEPT.<br>MILLBURN, NJ 07041 | Mailing Address<br>27 BLEEKER STREET<br>ATTN: LEGAL DEPT.<br>MILLBURN, NJ 07041 |
|---|---|

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|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01062004 Chg-LLC CR2E083 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br>13-1891379  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

|   |  |          |
|---|--|----------|
| <b>6. Name and Address of Current Registered Agent</b>                        | <b>7. Name and Address of New Registered Agent</b> |          |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND-ROAD<br>PLANTATION, FL 33324 | Name   |          |
|   | Street Address (P.O. Box Number is Not Acceptable) |          |
|   | City   |          |
|   | FL   | Zip 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| <b>Filing Fee is \$50.00 Due by May 1, 2004</b> | <b>Make check payable to Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |  | 10. ADDITIONS/CHANGES                          |  |  |
|--|--|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HERKERT, EMIL C<br>27 BLEEKER STREET<br>MILLBURN, NJ 07041      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DeNichilo, Nicholas M.<br>27 Bleeker Street<br>Millburn, New Jersey 07041 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WICKENS, PETER J<br>27 BLEEKER STREET<br>MILLBURN, NJ 07041     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Patterson, Thomas L.<br>27 Bleeker Street<br>Millburn, New Jersey 07041   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BLACKBURN, MICHAEL O<br>27 BLEEKER STREET<br>MILLBURN, NJ 07041 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HOWELLS, KEITH J<br>27 BLEEKER STREET<br>MILLBURN, NJ 07041     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>THIRLWALL, TIMOTHY J<br>27 BLEEKER STREET<br>MILLBURN, NJ 07041 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CARLAN, CHARLES H<br>5111 NORTH 12TH AVE<br>PENSACOLA, FL 32504 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Thomas L. Patterson **Thomas L. Patterson,**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **President** **January 7, 2004**  
Date Daytime Phone #