


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001077

1. Entity Name
 HATCH MOTT MACDONALD OPERATING SERVICES, LLC



Principal Place of Business Mailing Address

27 BLEEKER STREET 27 BLEEKER STREET
 ATTN: LEGAL DEPT. ATTN: LEGAL DEPT.
 MILLBURN, NJ 07041 MILLBURN, NJ 07041



DO NOT WRITE IN THIS SPACE

03112005 No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENICHILO, NICHOLAS M 27 BLEEKER STREET MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WICKENS, PETER J 27 BLEEKER STREET MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLACKBURN, MICHAEL O 27 BLEEKER STREET MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELLS, KEITH J 27 BLEEKER STREET MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, THOMAS L 27 BLEEKER STREET MILLBURN, NJ 07041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/14/05-90089-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  NICHOLAS M. DENICHILO 4-8-05 973-379-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #