FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **841472** **(4)**

1. Corporation Name

HILDEBRANDT, INC.

Principal Place of Business	Mailing Address
50 DIVISION ST.. SUITE 501 SOMERVILLE NJ 08876	50 DIVISION ST.. SUITE 501 SOMERVILLE NJ 08876

3. Date Incorporated or Qualified: **09/20/1978**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **13-2813131** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (CODE: Registered Agent Signature required for electronic filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	AKINS, DONALD	
STREET ADDRESS	2625 N.JOSEY LN.,#301	
CITY-ST-ZIP	CARROLLTON TX	
TITLE	DSC	☐ DELETE
NAME	HILDEBRANDT, BRADFORD W	
STREET ADDRESS	50 DIVISION ST., #501	
CITY-ST-ZIP	SOMERVILLE, NJ 00000	
TITLE	V	☐ DELETE
NAME	KAUFMAN, JACK	
STREET ADDRESS	3645 WARRENSVILLE CNT RD	
CITY-ST-ZIP	SHAKER HEIGHTS, OH 0	
TITLE	S	☐ DELETE
NAME	BURKART, RANDOLPH	
STREET ADDRESS	50 DIVISION ST., #501	
CITY-ST-ZIP	SOMERVILLE NJ	
TITLE	TM	☐ DELETE
NAME	SIMONET,PATRICIA M.	
STREET ADDRESS	241 SEVILLE AVE., #800	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	14901 Quorum Drive, Suite 625	
1.4 CITY-ST-ZIP	Dallas, TX	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	107N. Palm Avenue	
5.4 CITY-ST-ZIP	Indialantic, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)