Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Yes

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002907

1. Corporation Name

1201 HAYS ST. SUITE 105

HPG INTE	RNATIONAL, INC.						
Principal Place of Business Mailing Address		S	e immiliate sing ratti ardir galer agein datir garer				
200 COTTONTAIL LN. SOMERSET NJ 08873		200 COTTONTAII SOMERSET NJ (DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 06/03/1994			
2. Principal Place of Business		2a. Mailing Add	ress	4. FEI Number			
21		26		22-3277866			
Suite, Apt. #,	, etc.	Suite, Apt. #	ŧ, etc.	5. Certifcate of Status Desired	\$8.		
City & State		City & State	9	6. Election Campaign Financing Trust Fund Contribution	\$5 Ad		
Zip	Country	Zip	Country	8. This corporation owes the current year In			
24	25	29	30	Personal Property Tax.	Yes		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Co	ırrent Registered Agent		10. Name and Address of New Registered	i Agent		
THE P	RENTICE-HALL CORPORA	TION SYSTEM, INC.	81 Name	Address (D.O. Der Number in Net Acceptable)			

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90115 024 ***150.00



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

			84	City		FL 85	Zip C					
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 (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS 13.			3.		ADDITIONS/CHANGES TO OFFICER							
TITLE	PD	☐ DELETE 1.	TITLE		Vice President	□c	hange	X Addition				
NAME	DELLEVIGNE, JOHN P	1.	NAME		Edward Chamberlain			}				
STREET ADDRESS	200 COTTONTAIL LN.	. 10	STREET	ADDRESS	200 Cottontail Lane							
CITY-ST-ZIP	SOMERSET NJ 08873		CITY-S	r-zip	Somerset, NJ 08873							
TITLE	VSD	☐ DELETE 2.	TITLE		Executivé Vice President	□c	hange	Addition				
NAME	JOHANNES, MICHAEL	2.	NAME)	Gerald Donnelly							
STREET ADDRESS	200 COTTONTAIL LN.	2.	STREET	ADDRESS	200 Cottontail Lane							
CITY-ST-ZIP	SOMERSET NJ 08873		4 CITY-S	T-ZIP	Somerset, NJ 08873							
TITLE	VD	☐ DELETE 3.	TITLE		Director'	Пс	hange	X Addition				
NAME	RAWLINGS, BERNARD	3.	NAME		James P. Kelly							
STREET ADDRESS	200 COTTONTAIL LN.	3.	STREET	ADDRESS	200 Cottontail Lane							
CITY-ST-ZIP	SOMERSET NJ 08873		CITY-S	T-ZIP	Somerset, NJ 08873							
TITLE	7	☐ DELETE 4.	πιε	1	Director	Пс	hange	X Addition				
NAME	abitabilo, neil j	4.	2 NAME		Brooks Myhran							
STREET ADDRESS	200 COTTONTAIL LN.	4.	STREET	ADDRESS	200 Cottontail Lane			}				
CITY-ST-ZIP	SOMERSET NJ 08873		CITY-S	r-ZIP	Somerset,NJ 08873							
TITLE	D		TITLE		•	[_] (hange	Addition				
NAME	JOHNSON, PHILIP		NAME					{				
STREET ADDRESS	200 COTTONTAIL LN.	■		ADDRESS								
CITY-ST-ZIP	SOMERSET NJ 08873		CITY-S	r-zip				C 1.10'				
TITLE	D	□ occeite	TITLE			ΠC	hange	Addition				
NAME	oakden, walter		NAME					Į				
STREET ADDRESS	200 COTTONTAIL LN.	6.	STREET	ADDRESS				-				
CITY-ST-ZIP	SOMERSET NJ 08873		CITY-S									
14. 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 indirected on this annual record or 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 indirected on this annual record or 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 indirected on this annual record or 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 indirected on the same legal effect as if made under oath; that I am an												

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indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same regardered as it made direct ordificer 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 garagidness, with all other like empowered.