2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: HATCH MOTT MACDONALD FLORIDA, LLC

Current Principal Place of Business:

5111 NORTH 12TH AVENUE
PENSACOLA, FL 32504

Current Mailing Address:

ATTN; LEGAL DEPT. 27 BLEEKER ST.
MILLBURN, NJ 07041

FEI Number: 59-1294824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	MGR
Name	DENICHILO, NICHOLAS M
Address	27 BLEEKER ST.
City-State-Zip:	MILLBURN NJ 07041

Title	MGR
Name	WILLIAMS, RICHARD
Address	11 WELLESLEY ROAD
City-State-Zip:	CROYDON UK CR0 2-NW

Title	MANAGER
Name	BAXLEY, CHARLES
Address	5111 NORTH 12TH AVENUE
City-State-Zip:	PENSACOLA FL 32504

Title	MANAGER
Name	JARMAN, THOMAS
Address	805 DAPHNE AVENUE PO BOX 1290
City-State-Zip:	DAPHNE FL 36526

Title	MGR
Name	HOWELLS, KEITH J
Address	11 WELLESLEY ROAD
City-State-Zip:	CROYDON UK CR0 2-NW

Title	MGR
Name	STOVELL, KEVIN
Address	DUBAI FESTIVAL CITY, PO BOX 11302
City-State-Zip:	DUBAI AE XXXXX

Title	MANAGER
Name	FAIRCLOTH, BYRON
Address	1232 JACKSON AVENUE
City-State-Zip:	CHIPLEY FL 32428

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS M. DENICHILO PRESIDENT 03/08/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date