

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004040

**Entity Name:** HATCH MOTT MACDONALD, LLC

**Current Principal Place of Business:**

111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-4112

**Current Mailing Address:**

111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-4112 US

**FEI Number: 16-1006700**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name           STOVELL, KEVIN  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title           MANAGER  
Name           DENICHILO, NICHOLAS M  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title           MANAGER  
Name           HOWELLS, KEITH J  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title           MANAGER  
Name           WHITE, DAVID P  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title           AUTHORIZED REPRESENTATIVE  
Name           O'CONNOR, MARK G.  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

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

**SIGNATURE: MARK G. O'CONNOR**

**ASSISTANT SECRETARY    04/19/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date