2015 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

FILED Apr 16, 2015

Secretary of State

CC9363656982

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameSTOVELL, KEVINNameDENICHILO, NICHOLAS MAddress111 WOOD AVENUE SOUTHAddress111 WOOD AVENUE SOUTH

City-State-Zip: ISELIN NJ 08830-4112 City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER Title MANAGER

Name HOWELLS, KEITH J Name WHITE, DAVID P

Address 111 WOOD AVENUE SOUTH Address 111 WOOD AVENUE SOUTH

City-State-Zip: ISELIN NJ 08830-4112 City-State-Zip: ISELIN NJ 08830-4112

Title MANAGER Title MANAGER

Name GATLIN, OTIS Name WILLIAMS, RICHARD

Address 111 WOOD AVENUE SOUTH Address 111 WOOD AVENUE SOUTH

City-State-Zip: ISELIN NJ 08830-4112 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

AUTHORIZED REPRESENTATIVE 04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date