2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT #819858** 07 JUN 29 PM 12: 31 1. Entity Name ROBERT W. HUNT COMPANY. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % ORRICK, ATTN: B. HAIMES % ORRICK, ATTN: B. HAIMES 666 FIFTH AVE., #2139 666 FIFTH AVE., #2139 NEW YORK, NY 10103 NEW YORK, NY 10103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 06282007 Chg-P City & State 4. FEI Number City & State Applied For 36-1246170 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Sue G. Knight as its agent SIGNATURE DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change TITLE RZONCA, GREGORY F NAME NAME 100105025801 580 WATERS EDGE, OAK CREEK CENTER STREET ADDRESS STREET ADDRESS LOMBARD, IL 60148 CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE WRIGHT, DICKERSON C NAME NAME 7895 CONVOY COURT, SUITE 18 STREET ADDRESS STREET ADDRESS SAN DIEGO, CA 92111 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE HAIMES, BURTON K NAME NAME STREET ADDRESS C/O ORRICK, 666 FIFTH AVE #2139 STREE1 ADDRESS NEW YORK, NY 10103 CITY-S1-ZIP CITY-ST-ZIP VP TITLE FC Delete TITLE ☐ Change X Addition DAMASCENO, LUIS NAME NAME ALLMAN, HAROLD STREET ADDRESS 11860 WEST STATE RD 84, STE 1 STREET ADDRESS 2350 NOBLESTOWN ROAD CITY-ST-ZIP FORT LAUDERDALE, FL 33325 CITY-ST-ZIP PITTSBURGH, PA 15205 ☐ Delete CD THLE ☐ Change ☐ Addition TITLE PIEDELIEVRE, FRANK NAME NAME STREET ADDRESS 17 BIS, PL DES REFLETS, LA DEFENSE 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COURBEVOIE, FRANCE, 92400 HILE ☐ Delete TITLE ☐ Change Addition TARDAN, FRANCOIS NAME NAME 17 BIS, PL DES REFLETS, LA DEFENSE 2 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP COURBEVOIE, FRANCE, 92400 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. am Burton K. Haimes 6-28-07 (212) 506-5055

DOCUMENT #819858

Entity Name: ROBERT W. HUNT COMPANY

Annex to Florida 2007 For Profit Corporation Amended Annual Report

Block 11 - Additional Officers

Title VICE PRESIDENT Name TONG, RICHARD

Address 11860 W. STATE ROAD 84, STE. 1

FORT LAUDERDALE, FL 33325

Title VICE PRESIDENT
Name CHIPPAS, STEPHEN J.
Address 580 WATERS EDGE

LOMBARD, IL 60148

Title VICE PRESIDENT Name LESHKO, BRIAN

Address 2350 NOBLESTOWN ROAD

PITTSBURGH, PA 15205

Title FINANCIAL CONTROLLER

Name DAMASCENO, LUIS

Address 11860 W. STATE ROAD 84, STE. 1

FORT LAUDERDALE, FL 33325

Title CFO

Name DEEKE, DENNIS
Address 580 WATERS EDGE

LOMBARD, IL 60148



ACCOUNT NO. : 072100000032 REFERENCE : 974535 4403F AUTHORIZATION : Include the control of the			
ORDER NO. : 974535-005	74.0 17.0	07	
CUSTOMER NO: 4403F		HUL 1	70 [T]
ANNUAL REPORT FILING NAME: ROBERT W. HUNT COMPANY	SEE FLORIDA	2 NH 10: 54	TIVED
XX ANNUAL REPORT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Susie Knight-EXT#2956			
EXAMINER'S INITIALS:			