2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #850985

1. Entity Name
HILL INTERNATIONAL, INC.

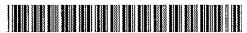
Principal Place of Business

303 LIPPINCOTT CENTRE MARLTON, NJ 08053

Mailing Address

303 LIPPINCOTT CENTRE MARLTON, NJ 08053

FILED Apr 13, 2004 08:00 AM Secretary of State



 \Box

DO NOT WRITE IN THIS SPACE

03242004 No Chg-P C

CR2E034 (10/03)

4. FEI Number 06-0949514 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office ar n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	Yappiicable (NOTE Registered	Agent signaturs	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000111373 04/13/04-80014-016-150.00
10.	OFFICERS AND DIREC	DTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RICHTER, IRVIN E 303 LIPPINCOTT CENTRE MARLTON, NJ 08053	-			
BITLE NAME STREET ADDRESS CITY-ST-ZIP	PPMG RICHTER, DAVID L 303 LIPPINCOTT CENTRE MARLTON, NJ 08053	. <u>-</u>	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CRY-ST-ZIP	SVPF EMMA, RONALD F 303 LIPPINCOTT CENTRE MARLTON, NJ 08053	<u>-</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST-ZIP					
TITLE NAME STREET ADDRESS					•

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 if 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.

SIGNATURE:

S18Y-S8-Z18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PONDIN F FUM

3-24-04

856-810-6200

Date

Daytime Phone #