

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F00000003695**

1. Entity Name  
**HUDSON GLOBAL RESOURCES MANAGEMENT, INC.**



Principal Place of Business

**622 THIRD AVENUE  
39TH FLOOR  
NEW YORK, NY 10017**

Mailing Address

**622 THIRD AVENUE  
39TH FLOOR  
NEW YORK, NY 10017**



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**25-1809839**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000337123  
04/27/05-80150-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MORAN, THOMAS  
STREET ADDRESS 225 W. WACKER DRIVE, STE 2100  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE S  
NAME WILLIAMS, LATHAM  
STREET ADDRESS 225 W. WACKER DRIVE, STE 2100  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE AS  
NAME BUCCARELLI, ROBERT  
STREET ADDRESS 622 THIRD AVENUE  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE D  
NAME MORAN, THOMAS  
STREET ADDRESS 225 W. WACKER DRIVE, STE 2100  
CITY-ST-ZIP CHICAGO, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/05 (212) 351-7296**  
Date Daytime Phone #

**Certified Receipt # 7004 1350 0003 6765 6678**