## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002440

Entity Name: HMP PROPERTIES OF ORLANDO, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9200 OAKDALE AVENUE CHATSWORTH, CA 91311				9200 OAKDALE AVENUE CHATSWORTH, CA 91311 US		
Current Mailing Address:				New Mailing Address:		
1301 2ND AVE., WMC3501 SEATTLE, WA 98101			FLOOR	4 CHASE METROTECH FLOOR 03 BROOKLYN, NY 11245 US		
FEI Number: 93-0986959 FEI Number Applied For ( ) FEI Nu			FEI Number Not A	ot Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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		
Election Can		Trust Fund Contribution ( ).			Bute	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I MURPHY, DAVID 1301 2ND AVE., SEATTLE, WA	31ST FLR.	Title: Name: Address: City-St-Zip	DURDAN, SAL 270 PARK AVE	ENUE	
Title: Name: Address: City-St-Zip:	SVPD ()   KILLIEN, CATHA 1301 2ND AVE., SEATTLE, WA 9	35TH FLR.	Title: Name: Address: City-St-Zip	FITZGERALD, 270 PARK AVE	ENUE	
Title: Name: Address: City-St-Zip:	S () RADOSEVICH, A 1301 2ND AVE., SEATTLE, WA	36TH FLR.	Title: Name: Address: City-St-Zip	HORAN, ANTH 270 PARK AVE	ENUE	
Title: Name: Address: City-St-Zip:	T () I SCHIEFFER, TH 3929 WEST JOH IRVING, TX 750	OMAS M. IN CARPENTER FWY.	Title: Name: Address: City-St-Zip	MEADE, COLL 4 CHASE MET	ROTECH	
Title: Name: Address: City-St-Zip:	D () KRAHLING, SUZ 1301 2ND AVE., SEATTLE, WA	32ND FLR.	Title: Name: Address: City-St-Zip	HORAN, ANTH 270 PARK AVE	ENUE	
Title: Name:	FVP (X) HANSON, LAURI	Delete E K.	Title: Name:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: COLLEEN MEADE V 03/23/2009

1301 2ND AVE., 22ND FLR.

SEATTLE, WA 98101

Address:

City-St-Zip: