

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 031 ***150.00

DOCUMENT # F04000003339

1. Entity Name
HUB HOLDING CORP.



Principal Place of Business
**5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486**

Mailing Address
**2501 E. GUASTI ROAD
ONTARIO, CA 91761**

50025120



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State Zip Country City & State Zip Country

4. FEI Number **20-0384718** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) 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

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------------------|---------------------------------|--|---|---------------------------|---------------------------------|--|
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | Director, President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | ALLEN, JAMES D | | | NAME | Bush, Michael | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 470 | | | STREET ADDRESS | 2501 East Guasti Road | | |
| CITY - ST - ZIP | BOCA RATON, FL 33486 | | | CITY - ST - ZIP | Ontario, CA 91761 | | |
| TITLE | VASD | <input type="checkbox"/> Delete | | TITLE | Vice President, Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | COUCH, C. DERYL | | | NAME | Langsdorf, William | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 470 | | | STREET ADDRESS | 2501 East Guasti Road | | |
| CITY - ST - ZIP | BOCA RATON, FL 33486 | | | CITY - ST - ZIP | Ontario, CA 91761 | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KING, T. SCOTT | | | NAME | | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 470 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | BOCA RATON, FL 33486 | | | CITY - ST - ZIP | | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KROUSE, RODGER R | | | NAME | | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 470 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | BOCA RATON, FL 33486 | | | CITY - ST - ZIP | | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEDER, MARC J | | | NAME | | | |
| STREET ADDRESS | 5200 TOWN CENTER CIRCLE, SUITE 470 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | BOCA RATON, FL 33486 | | | CITY - ST - ZIP | | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LIFF, M. STEVEN | | | NAME | | | |
| STREET ADDRESS | 11111 SANTA MONICA BLVD., #1050 | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | LOS ANGELES, CA 90025 | | | CITY - ST - ZIP | | | |

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: William Langsdorf 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #