

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F05000003028

1. Entity Name
HILTON SUPPLY MANAGEMENT, INC.



Principal Place of Business

9336 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210

Mailing Address

9336 CIVIC CENTER DR.
BEVERLY HILLS, CA 90210



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2502058

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000748494
05/17/07-80069-025 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HART, MATTHEW J
STREET ADDRESS 9336 CIVIC CENTER DR.
CITY-ST-ZIP BEVERLY HILLS, CA 90210

TITLE CFO
NAME ROBERT, LAFORGIA M
STREET ADDRESS 9336 CIVIC CENTER DR.
CITY-ST-ZIP BEVERLY HILLS, CA 90210

TITLE SVP
NAME WILLIAM, STANDEFER S
STREET ADDRESS 9336 CIVIC CENTER DR.
CITY-ST-ZIP BEVERLY HILLS, CA 90210

TITLE VP
NAME WHITE, BRYAN S
STREET ADDRESS 9336 CIVIC CENTER DR.
CITY-ST-ZIP BEVERLY HILLS, CA 90210

TITLE SVPS
NAME SMITH, M. HUE III
STREET ADDRESS 9336 CIVIC CENTER DR.
CITY-ST-ZIP BEVERLY HILLS, CA 90210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

W. STEVEN STANDEFER

Date

Daytime Phone #

4/12/07 310-278-4321