


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000002486 1. Entity Name RHE HATCO, INC.	
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Principal Place of Business 601 MARION DRIVE GARLAND, TX 75042	Mailing Address 601 MARION DRIVE GARLAND, TX 75042
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1340865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/20/08-80110-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAVOIE, PAUL 601 MARION DRIVE GARLAND, TX 75042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOUGH, THOMAS A 601 MARION DRIVE GARLAND, TX 75042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, JONATHAN 12 WELCH AVE SUITE 2 STOUGHTON, MA 02072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHAN, PAUL J 17 EAST 89TH STREET NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURST, JACK D 200 CRESCENT CT, SUITE 1600 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSE, JOHN R 200 CRESCENT CT, SUITE 1600 DALLAS, TX 75201

**DO NOT WRITE
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Thomas A. Hough	02/05/08 <small>Date</small>	972-494-0511 <small>Daytime Phone #</small>
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