

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003455

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC.

**Current Principal Place of Business:**

9601 MCALLISTER FREEWAY  
SUITE 610  
SAN ANTONIO, TX 78216

**New Principal Place of Business:**

**Current Mailing Address:**

9601 MCALLISTER FREEWAY  
SUITE 610  
SAN ANTONIO, TX 78216

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KENNEDY, KYLE  
Address: 2800 WELLS BRANCH PARKWAY  
City-St-Zip: AUSTIN, TX 78728

Title: VDT  
Name: ORTIZ, FEDERICO  
Address: 9601 MCALLISTER FREEWAY - SUITE 610  
City-St-Zip: SAN ANTONIO, TX 78216

Title: VD  
Name: SHEPARD, DOUGLAS C  
Address: 9601 MCALLISTER FREEWAY - SUITE 610  
City-St-Zip: SAN ANTONIO, TX 78216

Title: SVD  
Name: MUNDEN, ROBERT L  
Address: 9601 MCALLISTER FREEWAY - SUITE 610  
City-St-Zip: SAN ANTONIO, TX 78216

I hereby 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 all other like empowered.

SIGNATURE: FEDERICO ORTIZ

DIR

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date