

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005306 (5)**

1. Corporation Name

HMC PROPERTIES INC OF NEW JERSEY

FILED
Jul 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**235 MOORE STREET
HACKENSACK NJ 07801**

Mailing Address

**235 MOORE STREET
HACKENSACK NJ 07801**

2. Principal Place of Business

21 15 Maple Ave
Suite, Apt. #, etc.

22

City & State

23 Morristown, NJ

Zip

24 07960

Country

25 USA

2a. Mailing Address

26 15 Maple Ave
Suite, Apt. #, etc.

27

City & State

28 Morristown NJ

Zip

29 07960

Country

30 USA

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number

22-3026338

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **HANSON, JON F**
STREET ADDRESS **235 MOORE STREET**
CITY-ST-ZIP **HACKENSACK NJ 07801**

TITLE **PD** ☐ DELETE

NAME **HANSON, JAMES E II**
STREET ADDRESS **235 MOORE STREET**
CITY-ST-ZIP **HACKENSACK NJ 07801**

TITLE **STD** ☐ DELETE

NAME **HANSON, JEFFREY B**
STREET ADDRESS **235 MOORE STREET**
CITY-ST-ZIP **HACKENSACK NJ 07801**

TITLE **V** ☐ DELETE

NAME **SCULLY, WILLIAM A**
STREET ADDRESS **235 MOORE STREET**
CITY-ST-ZIP **HACKENSACK NJ 07801**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James E. Hanson, II

7/27/98

972-292-9595

CR2E034 (5/98)