


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005306 1. Entity Name HMC PROPERTIES INC OF NEW JERSEY	
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Principal Place of Business 15 MAPLE AVE MORRISTOWN, NJ 07960 US	Mailing Address 15 MAPLE AVE MORRISTOWN, NJ 07960 US
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DO NOT WRITE IN THIS SPACE



07262004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3026338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000171710 09/08/04-80002-011 550.00
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HANSON, JON F 235 MOORE STREET HACKENSACK, NJ 07601	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSON, JAMES E II 235 MOORE STREET HACKENSACK, NJ 07601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANSON, JEFFREY B 235 MOORE STREET HACKENSACK, NJ 07601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCULLY, WILLIAM A 235 MOORE STREET HACKENSACK, NJ 07601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>8/3/04</i>	Daytime Phone #: <i>973-822-258</i>
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