


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 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



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3026338	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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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	

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IN THIS SPACE**

U00000524388
05/03/06-80111-010 150.00

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: By: James E. Hanson, President 4/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date