

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002606

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE HILLMAN GROUP, INC.

Current Principal Place of Business:

10590 HAMILTON AVENUE
CINCINNATI, OH 452311764 US

New Principal Place of Business:

Current Mailing Address:

10590 HAMILTON AVENUE
CINCINNATI, OH 452311764 US

New Mailing Address:

FEI Number: 31-1623179

FEI Number Applied For ()

FEI Number Not Applicable ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HILLMAN, MAX W
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: P () Delete
Name: HILLMAN, RICHARD P
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: VP/S () Delete
Name: WATERS, JAMES P
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: VP () Delete
Name: SEEDS, GARY L
Address: 10590 HAMILTON AVENUE
City-St-Zip: CINCINNATI, OH 452311764

Title: D () Delete
Name: GOTSCH, PETER M
Address: 10 SOUTH WACKER DRIVE, SUITE 3175
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: CODE, ANDREW W
Address: 10 SOUTH WACKER DRIVE, SUITE 3175
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOTSCH, PETER M
Address: 150 N MICHIGAN AVENUE, SUITE 2800
City-St-Zip: CHICAGO, IL 60601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P. WATERS

VP/S

04/08/2009

Electronic Signature of Signing Officer or Director

Date