2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# M05000004040

Entity Name: HATCH MOTT MACDONALD, LLC

Current Principal Place of Business:

27 BLEEKER STREET
MILLBURN, NJ 070411008 US

New Principal Place of Business:

Current Mailing Address:

27 BLEEKER STREET
ATTN: LEGAL DEPT.
MILLBURN, NJ 070411008 US

New Mailing Address:

FEI Number: 16-1006700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BLACKBURN, MICHAEL O	
Address:	ST. ANNE HOUSE, 20-26 WELLESLEY RD	
City-St-Zip:	CROYDON, SURREY, SU CR9 2UL UK	
Title:	MGR	( ) Delete
Name:	DENICHILO, NICHOLAS M PRESIDE	
Address:	27 BLEEKER STREET	
City-St-Zip:	MILLBURN, NJ 070411008 US	
Title:	MGR	( ) Delete
Name:	HOWELLS, KEITH J	
Address:	ST ANNE HOUSE, 20-26 WELLESLEY ROAD	
City-St-Zip:	CROYDON, SURREY, SU CR9 2UL UK	
Title:	MGR	( ) Delete
Name:	MANIACI, JOEL D	
Address:	3825 HOPYARD ROAD, SUITE 240	
City-St-Zip:	PLEASANTON, CA 945888530 US	
Title:	MGR	( ) Delete
Name:	NOLAN, RONALD R	
Address:	2800 SPEAKMAN DRIVE	
City-St-Zip:	MISSISSAUGA, ON L5K 2R7 CN	
Title:	MGR	( ) Delete
Name:	SMITH, GORDON A	
Address:	3103 NORTH FIRST STREET	
City-St-Zip:	SAN JOSE, CA 95134 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	STOVELL, KEVIN	
Address:	ST. ANNE HOUSE, 20-26 WELLESLEY RD	
City-St-Zip:	CROYDON, SURREY, SU CR9 2UL UK	
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:		( ) 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS M. DENICHILO PRES 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date