## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M06000004252

Entity Name: HPOWERI, L.L.C.

Title:

Name:

Address:

City-St-Zip:

MGR

(X) Delete

ROBERTSON, KEVIN

1900 N. AKARD STREET

DALLAS, TX 752012300

FILED Apr 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1900 N. AKARD STREET DALLAS, TX 752012300 **Current Mailing Address: New Mailing Address:** 1900 N. AKARD STREET DALLAS, TX 752012300 FEI Number: 75-2842771 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change ( ) Addition BAKER, HUGH D BAKER, W. KIRK Name: Name: 1900 N. AKARD STREET Address: 1900 N. AKARD STREET Address: City-St-Zip: DALLAS, TX 752012300 City-St-Zip: DALLAS, TX 752012300 Title: MGR ( ) Delete Title: () Change () Addition HUNT, HUNTER L Name: Name: Address: 1900 N. AKARD STREET Address: City-St-Zip: DALLAS, TX 752012300 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition DOMBROSKI, HARRY M Name: Name: 1900 N. AKARD STREET Address: Address: City-St-Zip: DALLAS, TX 752012300 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition Name: POLASKI, JOSEPH Name: 1900 N. AKARD STREET Address: Address: City-St-Zip: DALLAS, TX 752012300 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: WENDY FINLEY, TAX MANAGER MS 04/03/2009