

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003570

Entity Name: HF ACQUISITION CO. WA LLC

FILED  
Jul 11, 2012  
Secretary of State

**Current Principal Place of Business:**

22316 70TH AVENUE WEST, UNIT A  
MOUNTLAKE TERRACE, WA 98043

**New Principal Place of Business:**

**Current Mailing Address:**

22316 70TH AVENUE WEST, UNIT A  
MOUNTLAKE TERRACE, WA 98043

**New Mailing Address:**

FEI Number: 27-0535896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P  
Name: BRESLAWSKI, JAMES P  
Address: 135 DURYEA ROAD, E-365  
City-St-Zip: MELVILLE, NY 11747

Title: EVP  
Name: MLOTEK, MARK E  
Address: 135 DURYEA ROAD, E-365  
City-St-Zip: MELVILLE, NY 11747

Title: EVP  
Name: SHOFF, LONNIE  
Address: 135 DURYEA ROAD, E-365  
City-St-Zip: MELVILLE, NY 11747

Title: T  
Name: JAHNEL, FERDINAND G  
Address: 135 DURYEA ROAD, E-365  
City-St-Zip: MELVILLE, NY 11747

Title: MGR  
Name: ROSENBLOOD, KEN  
Address: 135 DURYEA ROAD, E-365  
City-St-Zip: MELVILLE, NY 11747

Title: CFO  
Name: GAVIN, NEIL  
Address: 22316 70TH AVE W UNIT A  
City-St-Zip: MOUNTLAKE TERRACE, WA 98043

I hereby 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: NEIL GAVIN

CFO

07/11/2012

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