

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 31 AM 8:57

DOCUMENT # P19973

(7)

1. Corporation Name

HILL RESEARCH GROUP, INC.

Principal Place of Business

**1209 ORANGE STREET
WILMINGTON DE 19801**

Mailing Address

**300 MARQUARDT DRIVE
WHEELING IL 60090
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1988

3a. Date of Last Report

03/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

25

2b. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

4. FEI Number

36-3580719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
HILL, DENNIS
300 MARQUARDT DR.
WHEELING IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
VOGLER, JAMES
300 MARQUARDT
WHEELING IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
HOLCOMB, HAMPTON A DR
6401 POPLAR, STE 260
MEMPHIS TN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
ASHBY, CLAUDE
5214 N HAMPTON RIDGE NW
NORCROSS GA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
CRAIG, DAVID A
354 MEADOW TR COVE
CORDOVA TN**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
ERVIN, JAMES A
8351 STAVENGER COVE
CORDOVA TN**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

May

1995

708/520-3600