

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 040 ***150.00

DOCUMENT # P19973

1. Entity Name

HILL RESEARCH GROUP, INC.



DO NOT WRITE IN THIS SPACE

11041211

2. Principal Place of Business

218 Jackson Street

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Maitland, FL

City & State

Kissimmee, FL

4. FEI Number

36-3580719

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

City

Plantation,

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Hill, Dennis 218 Jackson Street Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Vogler, James R. 333 W. Wacker Dr. Suite 2700 Chicago, IL 60606
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 03

Date

Daytime Phone #

CR2E034B (12/02)