

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90027 019 \*\*\*150.00

DOCUMENT # P 35834

1. Corporation Name

HCM INVESTIGATIONS, INC.

Principal Place of Business

225 W. Broadway  
Suite 600  
Glendale, CA

Mailing Address

225 Brae Blvd.  
Park Ridge, NJ 07656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/8/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

95-3410146

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 owes the current year Intangible  
Personal Property Tax. ☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCEVILY, RICHARD P.	
STREET ADDRESS	225 BRAE BLVD.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	REZAK, HOWARD	
STREET ADDRESS	225 BRAE BLVD.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FAHEY, JOHN	
STREET ADDRESS	225 BRAE BLVD.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRANE, JOHN L.	
STREET ADDRESS	225 BRAE BLVD.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SZOT, JOHN	
STREET ADDRESS	225 BRAE BLD.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

HCM INVESTIGATIONS, INC.

DIRECTORS AND OFFICERS

553452-90027-19

P35834

DIRECTORS

ADDRESS

Richard P. McEvily

225 Brae Boulevard  
Park Ridge, NJ 07656

Howard Rezak

225 Brae Boulevard  
Park Ridge, NJ 07656

OFFICERS

Howard Rezak  
President

225 Brae Boulevard  
Park Ridge, NJ 07656

John Fahey  
Vice President

225 Brae Boulevard  
Park Ridge, NJ 07656

Richard P. McEvily  
Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

John L. Crane  
Treasurer

225 Brae Boulevard  
Park Ridge, NJ 07656

Joseph P. D'Amato  
Assistant Treasurer

225 Brae Boulevard  
Park Ridge, NJ 07656

Fortunato DeLuca  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

Kerry Dunbar  
Assistant Secretary

225 W. Broadway  
Glendale, CA 91204

Robert S. Regan  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

John M. Szot  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656