## **DOCUMENT # P35834** May 19, 2000 8:00 am 1. Entity Name Secretary of State HCM INVESTIGATIONS, INC. 05-19-2000 90029 044 \*\*\*150.00 Mailing Address Principal Place of Business 225 BRAE BLVD. 225 W. BROADWAY PARK RIDGE NJ 07656-1870 SUITE 600 GLENDALE CA 91204 3. Mailing Address 2. Principal Place of Business 500 North Centra DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 95-3410146 6 lendale Not Applicable CA \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 91203 us 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (9/99) Change TITLE TITLE DS ☐ Delete NAME NAME MCEVILY, RICHARD P STREET ADDRESS STREET ADDRESS 225 BRAE BLVD CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 ☐ Addition ☐ Change TITLE ☐ Delete TITLE DP NAME NAME REZAK, HOWARD STREET ADDRESS STREET ADDRESS 225 BRAE BLVD CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 Change ☐ Addition ☐ Delete TITLE TITLE NAME FAHEY, JOHN STREET ADDRESS STREET ADDRESS 225 BRAE BLVD CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME CRANE, JOHN STREET ADDRESS STREET ADDRESS 225 BRAE BLVD CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 ☐ Change Addition ☐ Defete TITLE AS TITLE NAME SZOT, JOHN NAME STREET ADDRESS STREET ADDRESS 225 BRAE BLVD CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 Change Addition ☐ Delete TITI F TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

John Szot Asst Secretary

(201) 307-2366

GENATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #