2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # V00955** 04-15-2004 90054 002 *2.857.50 04-15-2004 90054 004 *5,080.00 1. Entity Name HC TERMINAL, INC. .DD#TTAAA Principal Place of Business Mailing Address 2295 CORPORATE BLVD NW 2295 CORPORATE BLVD NW SUITE 222 **SUITE 222** BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0301977 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD NW **SUITE 222** BOCA RATON, FL 33431 City 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. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VST TITLE Delete TITLE ☐ Change Addition NAME HERRICK, NORTON NAME 2295 CORPORATE BLVD NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP PASID PAS ☐ Delete Change ☐ Addition TITLE TITLE NAME HERRICK, HOWARD NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 STREET ADDRESS CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP CITY-ST-ZIP VASID VAS TITLE ☐ Delete TITLE Change Addition HERRICK, MICHAEL NAME NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition HERRICK, EVAN NAME STREET ADDRESS 2 RIDGEDALE AVE STE 370 STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP Change Change ☐ Addition TITI F TITLE Delete 🕶 HERRICK, ELAYNE NAME STREET ADDRESS 400 SW 5TH AVE PH 1104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 ☐ Delete TITLE ☐ Change Addition TITLE KERMALLI, NISAR NAME NAME 2 RIDGEDALE AVE SUITE 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Daytime Phone

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