2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2013
Secretary of State
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Entity Name: IAP-HILL, L.L.C.

Current Principal Place of Business:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

FEI Number: 59-3590089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DIR
Name	JACKSON, DAVID W
Address	7315 N. ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	SEC
Name	COOPER, ROCHELLE L
Address	7315 N. ATLANTIC AVE.
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	PEIFFER, CHARLES D
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	MELCHIORRE, KEN
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIR
Name	PEIFFER, CHARLES D
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	TREA
Name	PEIFFER, CHARLES D
Address	7315 N. ATLANTIC AVE.
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	JERICH, BARBARA A
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	NOHMER, FREDERICK
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE M. TREPANIER ASSISTANT SECRETARY 04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT SECRETARY
Name	TREPANIER, MICHELLE M
Address	7315 NORTH ATLANTIC AVENUE
City-State-Zip:	CAPE CANAVERAL FL 32920