

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214509635

1.) CORPORATION NAME:

HLR SERVICE CORPORATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0234536**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 Clove Road
8th Floor

CITY/ST/ZIP: Little Falls, NJ 07424

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID P. MCDEDE				
TITLE:	VICE PRESIDENT				
ADDRESS:	150 Clove Road 8th Floor Little Falls, NJ 07424				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	GUIDO KAISER				
TITLE:	VICE PRESIDENT				
ADDRESS:	340 KINGSLAND STREET NUTLEY, NJ 07110				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	FREDERICK C. KENTZ III				
TITLE:	VICE PRESIDENT				
ADDRESS:	150 Clove Road 8th Floor Little Falls, NJ 07424				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS LYON				
TITLE:	VICE PRESIDENT				
ADDRESS:	340 KINGSLAND STREET NUTLEY, NJ 07110				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID P. MCDEDE				
TITLE:	TREASURER				
ADDRESS:	150 Clove Road 8th Floor Little Falls, NJ 07424				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	BRUCE RESNICK				
TITLE:	ASST TREASURER				
ADDRESS:	1 DNA WAY SOUTH SAN FRANCISCO, CA 94080				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK C. KENTZ, III SECRETARY 150 Clove Road 8th Floor Little Falls, NJ 07424	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD BOHM ASST SECRETARY 150 Clove Road 8th Floor Little Falls, NJ 07424	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Parise VICE PRESIDENT 150 Clove Road 8th Floor Little Falls, NJ 07424	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ FREDERICK C. KENTZ III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FREDERICK C. KENTZ III, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/23/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			