

1.) CORPORATION NAME:

HYDRO CONDUIT CORPORATION

DUE DATE: **2/29/2012**

SCC ID NO: **F0474942**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC

4445 CORPORATION LN 2ND FL

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1501 BELVEDERE ROAD

CITY/ST/ZIP: WEST PALM BEACH, FL 33406-

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.

NAME: JOHN FINCH
TITLE: VICE PRESIDENT
ADDRESS: 920 MEMORIAL CITY WAY
STE 100
CITY/ST/ZIP/CO: HOUSTON, TX 77024-

OFFICER

DIRECTOR

NAME: FRANK ANGELLE
TITLE: VICE PRESIDENT
ADDRESS: 920 MEMORIAL CITY WAY
STE 100
CITY/ST/ZIP/CO: HOUSTON, TX 77024-

OFFICER

DIRECTOR

NAME: KELLY C ANDERSON
TITLE: VICE PRESIDENT
ADDRESS: 1501 BELVEDERE ROAD
CITY/ST/ZIP/CO: WEST PALM BEACH, FL 33406-

OFFICER

DIRECTOR

NAME: JUAN CARLOS HERRERA
TITLE: PRESIDENT
ADDRESS: 920 MEMORIAL CITY WAY
STE 100
CITY/ST/ZIP/CO: HOUSTON, TX 77024-

OFFICER

DIRECTOR

NAME: KARL H WATSON JR
TITLE: DIRECTOR
ADDRESS: 920 MEMORIAL CITY WAY
STE 100
CITY/ST/ZIP/CO: HOUSTON, TX 77024-

OFFICER

DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICARDO NAYA BARBA	
TITLE:	VICE PRESIDENT	
ADDRESS:	920 MEMORIAL CITY WAY STE 100	
CITY/ST/ZIP/CO:	HOUSTON, TX 77024-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT J CAPASSO	
TITLE:	TREASURER	
ADDRESS:	1501 BELVEDERE ROAD	
CITY/ST/ZIP/CO:	WEST PALM BEACH, FL 33406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MIKE F EGAN	
TITLE:	SECRETARY	
ADDRESS:	1501 BELVEDERE ROAD	
CITY/ST/ZIP/CO:	WEST PALM BEACH, FL 33406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JESUS A BENAVIDES	
TITLE:	ASST TREASURER	
ADDRESS:	920 MEMORIAL CITY WAY SUITE 100	
CITY/ST/ZIP/CO:	HOUSTON, TX 77024-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD A KAPLAN	
TITLE:	ASST TREASURER	
ADDRESS:	920 MEMORIAL CITY WAY SUITE 100	
CITY/ST/ZIP/CO:	HOUSTON, TX 77024-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDUARDO GONZALEZ HINOJOSA	
TITLE:	ASST SECRETARY	
ADDRESS:	920 MEMORIAL CITY WAY SUITE 100	
CITY/ST/ZIP/CO:	HOUSTON, TX 77024-	

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.

<u>/s/ KELLY C ANDERSON</u>	<u>KELLY C ANDERSON, VICE</u>	<u>2/2/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	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.