

1.) CORPORATION NAME:

HVT, Inc.

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **11/30/2010**

SCC ID NO: **F1400045**

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: 209 SOUTH LASALLE ST
STE 300

CITY/ST/ZIP: CHICAGO, IL 60604-

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:	PATRICIA M CHILD	
TITLE:	PRESIDENT	
ADDRESS:	209 SOUTH LASALLE ST STE 300	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NANCIE J ARVIN	
TITLE:	VP/CFO	
ADDRESS:	209 SOUTH LASALLE ST STE 300	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MELISSA ROSAL	
TITLE:	VP/S	
ADDRESS:	209 SOUTH LASALLE ST STE 300	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFFREY L KINNEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	U.S. BANK NATIONAL ASSOCIATION 209 SOUTH LASALLE STREET, SUITE 300	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-	

NAME: JOHN P KINSELLA TITLE: VICE PRESIDENT ADDRESS: U.S. BANCORP 800 NICOLLET MALL, BC-MN-H19U CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JULIA LINIAN TITLE: ASST SECRETARY ADDRESS: U.S. BANK NATIONAL ASSOCIATION 209 SOUTH LASALLE STREET, SUITE 300 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ERIKA FORSHTAY TITLE: ASST SECRETARY ADDRESS: U.S. BANK NATIONAL ASSOCIATION 209 SOUTH LASALLE STREET, SUITE 300 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARY ANN TURBAK TITLE: ASST SECRETARY ADDRESS: U.S. BANK NATIONAL ASSOCIATION 209 SOUTH LASALLE STREET, SUITE 300 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<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/ PATRICIA M CHILD	PATRICIA M CHILD, PRESIDENT	10/6/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		