

1.) CORPORATION NAME:

**HVT, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

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: 190 SOUTH LASALLE ST  
7TH FLOOR

CITY/ST/ZIP: CHICAGO, IL 60603

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:	PATRICIA M CHILD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	190 SOUTH LASALLE ST		
CITY/ST/ZIP/CO:	7TH FLOOR CHICAGO, IL 60603		
NAME:	NANCIE J ARVIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	190 SOUTH LASALLE ST		
CITY/ST/ZIP/CO:	7TH FLOOR CHICAGO, IL 60603		
NAME:	MELISSA ROSAL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	190 SOUTH LASALLE ST		
CITY/ST/ZIP/CO:	7TH FLOOR CHICAGO, IL 60603		
NAME:	JOHN P KINSELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	U.S. BANCORP		
CITY/ST/ZIP/CO:	800 NICOLLET MALL, BC-MN-H19U MINNEAPOLIS, MN 55402		
NAME:	BRETT E SCRIBNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	U.S. BANCORP		
CITY/ST/ZIP/CO:	800 NICOLLET MALL, BC-MN-H19U MINNEAPOLIS, MN 55402		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIKA FORSHTAY ASST SECRETARY U.S. BANK NATIONAL ASSOCIATION 190 SOUTH LASALLE STREET, 7TH FLOOR CHICAGO, IL 60603	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIA LINIAN ASST SECRETARY U.S. BANK NATIONAL ASSOCIATION 190 SOUTH LASALLE STREET, 7TH FLOOR CHICAGO, IL 60603	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN TURBAK ASST SECRETARY U.S. BANK NATIONAL ASSOCIATION 190 SOUTH LASALLE STREET, 7TH FLOOR CHICAGO, IL 60603	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA M CHILD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/5/2012 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.			