

1.) CORPORATION NAME:

**Harbour Pointe Acquisition Company**

DUE DATE: **2/28/2011**

SCC ID NO: **F1659129**

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**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 5005

CITY/ST/ZIP: NEW YORK, NY 10163-5005

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: BENJAMIN G GIFFORD  
TITLE: DIR/PRES  
ADDRESS: 245 PARK AVE 2ND FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10167-

OFFICER

DIRECTOR

NAME: ETHEL GAVRILOVA  
TITLE: OFF/VP/SEC  
ADDRESS: 245 PARK AVENUE  
CITY/ST/ZIP/CO: NEW YORK, NY 10167-

OFFICER

DIRECTOR

NAME: ALFRED W DORT  
TITLE: DIRECTOR  
ADDRESS: 522 FIFTH AVE  
CITY/ST/ZIP/CO: NW YORK, NY 10036-

OFFICER

DIRECTOR

NAME: KEIN J FAXON  
TITLE: DIRECTOR  
ADDRESS: 245 PARK AVE 2ND FLOOR  
CITY/ST/ZIP/CO: NEW YORK, NY 10167-

OFFICER

DIRECTOR

NAME: ANNE S PFEIFFER  
TITLE: DIRECTOR  
ADDRESS: 522 FIFTH AVE  
CITY/ST/ZIP/CO: NEW YORK, NY 10036-

OFFICER

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.

<u>/s/ ETHEL GAVRILOVA</u>	<u>ETHEL GAVRILOVA, OFF/VP/SEC</u>	<u>2/7/2011</u>
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.