

1.) CORPORATION NAME:

**Hub International Northeast Limited**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD #301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1746462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1065 AVENUE OF THE AMERICAS

CITY/ST/ZIP: NEW YORK, NY 10018

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.

<p>NAME: MARC I COHEN TITLE: CEO/PRESIDENT ADDRESS: 1065 AVE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: IVY S FISCHER TITLE: VP/SEC ADDRESS: 1065 AVE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Brian Caracciolo TITLE: VP/TREASURER ADDRESS: 55 E JACKSON BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60604-4187</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JASON ROMICK TITLE: VICE PRESIDENT ADDRESS: 55 E. JACKSON BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL P SABANOS TITLE: CEO/VP ADDRESS: 1065 AVE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10018</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARTIN P HUGHES TITLE: DIRECTOR ADDRESS: 55 E. JACKSON BLVD. CITY/ST/ZIP/CO: CHICAGO, IL 60604</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. KIRK JAMES DIRECTOR 55 E. JACKSON BLVD. CHICAGO, IL 60604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Philip Adler VICE PRESIDENT 55 E. Jackson Blvd. Chicago, IL 60604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott Goodreau ASST SECRETARY 55 E. Jackson Blvd. 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/ Philip Adler	Philip Adler, VICE PRESIDENT	4/23/2012	
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.			