

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Hub International Northeast Limited

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1746462**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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: PHILIP ADLER TITLE: VICE PRESIDENT ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654</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: JASON ROMICK TITLE: VICE PRESIDENT ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL P SABANOS TITLE: COO/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: JOEPH HYDE TITLE: TREASURER ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: SCOTT GOODREAU TITLE: ASST SECRETARY ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARTIN P HUGHES TITLE: DIRECTOR ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: W. KIRK JAMES TITLE: DIRECTOR ADDRESS: 300 N. LASALLE STREET 17TH FLOOR CITY/ST/ZIP/CO: CHICAGO, IL 60654	<input type="checkbox"/> OFFICER <input checked="" 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP ADLER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.		